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ABSTRACT

This final report describes activities and accomplishments of a federally supported project in Connecticut to develop and examine the effectiveness of a social competence curriculum on the behavioral outcomes of young children (24-48 months) with disabilities and their families. Children (n=17) and their families received two years of implementation of the Play Tools for Toddlers Curriculum. This curriculum focuses on development of skills in the areas of peer group entry, conflict resolution, and maintaining play as well as skills in personal social involvement, play initiations, emotional regulation, and shared understanding. A parallel curriculum for parents emphasizes parent child interactions, family attitudes and beliefs, parent orchestrated learning opportunities, and family support. Although children in the curriculum group had higher age equivalent scores at 42 months in every subdomain than did children in a control group, these results did not reach statistical significance. The bulk of this document consists of both the toddler and family curriculums. The toddler curriculum provides details on teaching 24 target skills, including adaptations for specific disabilities. Extensive appendices present additional project information such as newsletters, agenda, the Project Procedure and Intervention Manual, and evaluation forms. (DB)

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ED 473 687

# Social Competence in Early Childhood:
# The Effects of a Specific Curriculum Focus

FINAL REPORT

Field Initiated Research Projects
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## I. Abstract

This field initiated research project examined the effectiveness of a curriculum on social competence on the behavioral outcomes of young children (24-48 months) with disabilities and their families in Connecticut. The curriculum was based on a model of social competence proposed by Guralnick (1992). Thirty-three children were enrolled in the study, 20 being randomly assigned to the curriculum group. The children received intervention in natural group environments in the community (e.g., day care). These settings were being used in Connecticut as sites in which to deliver early intervention and preschool special education. The group of children (N=13) who did not receive the curriculum, received intervention according to their IFSP or IEP. In contrast, the curriculum group had their IFSP/IEP objectives and services embedded in a social competence curriculum. Evaluation of the curriculum occurred every six months, beginning when children entered the study at 24 months and exited at 48 months. Outcome measures focused on indices of child status, family status and service characteristics. Child indices included developmental and behavioral measures, including social competence measures. Family indices included social support measures and community resource measures. Service characteristics included descriptions of the intervention settings, staffing qualifications and patterns, service type and intensity (e.g., therapies) and involvement and integration of health and social services.

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## II. Project Summary

The purpose of this field initiated research project was to examine the effects of a social competence curriculum on the behavioral status of young children (24-48 months) with disabilities and their families in Connecticut. Children were followed from their entrance into the project at 24 months until they were 48 months in order to observe and document the transition for eligible children from early intervention services to a school based program. In Connecticut local school districts house preschool special education programs for children who continue to need intervention after the age of three. Children who were not eligible for preschool special education programs continued to participate in the study as part of their attendance in child care programs. In addition, the study documented the coordination of health and social services with the child and family's early intervention and preschool programs. Fifty children were to be enrolled in the study. Twenty-five were to receive curriculum intervention, in addition to their early intervention services, while 25 were to continue to receive their early intervention program. The curriculum group had their IFSP/IEP goals embedded in a social competence curriculum. Evaluation of outcomes occurred every six months. Outcome measures focused on indices of child status, family status and service characteristics. Child indices included developmental and behavioral measures, including social competency measures. Family indices included social support measures, and community resource measures. Service characteristics included descriptions of the intervention settings, staffing qualifications and patterns, service type and intensity (e.g. therapies) and involvement integration of health and human services.

Children in the intervention group received 2 years of implementation of The Play Tools for Toddlers Curriculum and The Play Tools for Toddlers Curriculum for Families, both developed by the project. The Play Tools for Toddlers Curriculum focused on teaching toddlers the necessary skills to successfully and appropriately carry out their interpersonal goals by building skills in the areas of peer group entry, conflict resolution and maintaining play. Foundation skills in personal social involvement, play initiations, emotional regulation and shared understanding were embedded in the three higher order skill areas. The curriculum was implemented within a child's early childhood program (these programs included child care, play groups, and toddler groups such as swim group). The Play Tools for Toddlers Curriculum for Families focused on building a parent's awareness of the importance of social competence and their use of specific strategies during interactions with their child. This curriculum component addressed four areas: 1) parent child interactions: 2) family attitudes and beliefs: 3) parent orchestrated learning opportunities; and 4) family support. Intervention visits to programs were made on a weekly basis, and to families on a biweekly basis. The content of the visits included both direct intervention with the project child and consultation to the early childhood staff and family. Data were collected on curriculum implementation efforts.

Many unanticipated challenges occurred throughout project implementation. First, recruitment of participants was unexpectedly difficult. Several recruitment strategies were used, but the project never reached the anticipated total of 50 children and families. This was due to several factors. The first was the lack of support extended by the early intervention agencies throughout the state. Despite attending staff meetings, and supplying written information to agencies, few referrals were made. As the entity that interacts with the largest number of children and families eligible to participate in this project, their support during recruitment was crucial. Without it, only 34 participants completed enough of the protocol to be included in this report. A second challenge occurred with the inequity between groups on some baseline measures. Though random assignment procedures were maintained throughout the duration of the project, analysis of the data collected at 24 months showed significant differences between intervention and comparison groups on some measures. Two standardized measures where such differences existed were the Play Observation Scale and the Individual Social Behavior scale. Other measures which had significant differences between the groups were project developed, not standardized and of questionable validity. They included The Teacher Friendship Survey, the Classroom Profile, the Activity Log, the Social Competence Strategies Questionnaire, and the Social Network Questionnaire. Fortunately, the variables on even the standardized measures were not key variables. However, it is possible that in total the differences on both the standardized and project developed measures indicated a pattern that effected the outcomes of the project. A third challenge, linked to the lack of involvement with early intervention service providers, was the task of collecting weekly data. The lack of contact caused a shift in the original population expected to be trained to collect data. Instead of early intervention service providers the project relied on early childhood program providers to collect data. Many of these people had never collected data before and they found it unnecessary and time consuming. Nonetheless, program participants (families and providers) demonstrated positive outcomes as a result of their involvement in the project, and some trends found in the data collected from the participating children suggested a change in behavior in those developmental domains targeted by the curriculum. Child related trends include, age equivalent scores on the Battelle Developmental Inventory. On this measure children in the curriculum group had lower age equivalent scores on every subdomain than children in the control group. At 42 months the children in the curriculum group had higher age equivalent scores in every subdomain. Provider related trends include data from the Social Competence Strategies Questionnaire and the Teacher Satisfaction Survey. Family related trends include data from the Personal Network Matrix.

As it was previously stated these positive trends were not identified through significant differences between the groups. As a result, additional attempts at data analysis were made. These included reducing the number of children in the intervention group to the same number of children in the control group. This reduction was made on the basis of amount of intervention. The 6 children with the least number of intervention visits were removed from the group. Select measures were run again to see if a difference could be found. These results did not produce new information. A second attempt was made by removing outliers from the data set. Children who had scored more than 3 standard deviations from the mean of the group were selected out of the data run. Again, no significant differences were found. A significant amount of time was spent reviewing the project outcomes, measures and collected data. In addition, discussions took place between project staff and the analyst regarding the possibility of further analysis. She shared that she felt everything that could be done had been done and expressed that due to the small sample size more complex analysis was not possible.

In addition to the review of the data to explore the possibilities of support for the hypothesis, review of potential explanations for this lack of a clear finding was completed. It was clear from several measures that children in the control group participated in programs with larger numbers of children, larger numbers of staff and for longer periods of time. These differences were significant. While exposure alone has not been proven to increase a child's social skills the increased opportunity for interaction and therefor to practice interaction cannot be ignored. In fact the variable on the Play Observation Scale that measures time with peers was significantly higher for children in the control group. Another difference, although not significant, from the Play Observation Scale was the amount of adult facilitated play. This was lower for children in the control group possibly indicating a lack of need due to children's ability to interact and play without adult facilitation. Lastly, the data also shows that children in the curriculum group spent more time with other children who received special services than children in the control group. While this finding was in opposition to the premise described in the proposal and may bear further exploration, it is possible that the exposure to children who could serve as facilitator and playmate may also have affected the outcome of this project.

Project Products include measures developed during the execution of project activities. These measures include; The Play Profile, The Friendship Surveys for Parents and Teachers, The Social Competence Strategies Profile, The Social Status Questionnaire, The Activity Log, The Family Interview, The Social Network Questionnaire. Additional products include; The Play Tools for Toddlers Curriculum, The Curriculum Overview, The Play Tools for Toddlers Curriculum for Families, and The Family Handbook. These are available in English and in Spanish.

## III. Project Status and Progress

**Personnel.** We hired Ms. Anne Marie Davidson to coordinate the project. Ms. Joan Nicoll gave birth to a baby girl and chose not to come back to work. Ms. Davidson's vita is in Appendix A as are the vitae of the two research assistants who completed work on the project, Jennifer Root and Mallory Buckingham. Ms. Nicoll's decision resulted in a delay in beginning project activities, and the hiring of additional staff further delayed the start of the project.

### Objective 1.0 Curriculum Development

Activity 1.1 Outline curriculum. Beginning in October, 1998 work on the social competence curriculum was initiated. An outline was generated as a means of structuring further development of the curriculum. This outline was based on the Assessment of Peer Relations. It also included areas specific to curriculum content such as, a series of activities, how they will be implemented and what methods will be used by "teachers" to assure they will be successfully adopted by the learner. See Appendix B for a copy of this outline.

Activities 1.2 and 1.3 Develop curriculum content and develop curriculum methodologies. Development of the social competence curriculum content and methodologies was accomplished in November and December of 1999. The curriculum was named The Play Tools for Toddlers Curriculum. It includes an Introduction, an Assessment Module and an Intervention Planning and Implementation Module. It also includes teaching strategy information such as naturalistic teaching strategies and prompting strategies to be individualized and used during curriculum implementation. Final revisions were made based on information gathered during implementation.

The Play Tools for Toddlers Curriculum was designed for toddlers (18 months to 3 years of age) with special needs who are receiving early intervention services in natural environments such as integrated early childhood settings, community play groups, and home environments.

The curriculum focuses on the facilitation of social interactions between children during ongoing daily routines and activities through environmental arrangements, activity planning, and adult intervention.

The Play Tools for Toddlers Curriculum is divided into three sections: Module One: Assessment, Module Two: Program Planning, and Module Three: Implementation and Data Collection. During module one, two assessments are completed, The Assessment of Peer Relations (APR) and the Play Profile. The purpose of the APR is to organize observations of the child in free play to identify the skills they currently have and those that they need to learn. The Play Profile is used to summarize the child's overall strengths and preferences in the areas of toys, activities and peers (ie large vs. small groups). The information from both assessments is used when planning interventions. Module two is organized by the use of the Intervention Planning Form and the Activities Outcomes Matrix. Use of these forms result in identification of outcomes and objectives and the activities these outcomes can be incorporated into during a child's day. In module three implementation of the priority outcomes begins. Data is collected on that implementation to record child progress and guide the changes that may need to be made to the outcomes.

Section I of the curriculum focuses on early interaction skills, such as playing with toys, simple interactions with other children, and the understanding of social rules. Section II of the curriculum focuses on the child's ability to apply the skills in Section I within three major social tasks:

Peer group entry
Conflict resolution
Maintaining Play

The curriculum is based on the hierarchical model of social competence development developed by Dr. Michael Guralnick. The model assumes that for children to develop friendships and be socially competent they must learn and utilize three important social tasks: peer group entry, conflict resolution, and maintaining play. The curriculum is firmly rooted in Family Centered, Developmentally Appropriate and Activity Based Instructional principles.

The curriculum was developed using a behavioral format. Using a behavioral format allows the adults involved with the child to perform an action, observe the child's response, and then if needed, modify their action based on the child's response to help the child achieve their identified goal. This format is extremely useful when teaching complex tasks because it allows the tasks to be broken down into small, teachable steps.

The Play Tools for Toddlers Curriculum for Families was developed to use during interactions with families at home. The Play Tools for Toddlers Curriculum for Families is designed to guide interactions with families as they identify areas of family life in which they can be influential in helping their child develop peer-related social competence. Four areas of family life have been shown to be major contributors to young children's peer related social competence. They are: 1) parental fostering of their child's peer social network; 2) parental attitudes, beliefs, and knowledge about the competence level of their child, the importance of peer relations and their malleability, and the socialization strategies to modify their child's peer interactions; 3) the quality of parent-child interactions; and 4) family supports (Guralnick and Neville, 1997).

The Play Tools for Toddlers Curriculum for Families provides ways to assess where families are in relation to each of these four areas through the use of open-ended questions, scales, and standardized assessments. The information gathered is summarized and used as a basis for guiding interactions with families as outcomes are developed, implemented, and achieved.

The Play Tools for Toddlers Curriculum for Families is organized into assessment information, outcome development, and suggested interventions specific to each of the four areas of family life. These suggested interventions are based on the concepts of enabling and empowering families and grounded in the tenets of cultural sensitivity. Appendix C contains a copy of The Play Tools for Toddlers Curriculum and The Play Tools for Toddlers Curriculum for Families.

Activity 1.4 Develop data monitoring system. All implementation data was turned in by the project interventionists to the project coordinator on a weekly basis. It was reviewed for content and accuracy. As part of this process data were transferred to summary sheets. The purpose of these forms was to document the number and types of opportunities to implement the curriculum. They reflected this information for children and adults. In addition, several measures were used every six months with participants in both the curriculum and control groups. These data were tracked by the person entering the data. The project coordinator reviewed a monthly missing data list generated by the same person who tracked the data. Any missing data was located at that time. A record was maintained of extenuating circumstances which resulted in the inability to recover specific pieces of data.

Activity 1.5 Sequence and format curriculum. The curriculum has been reviewed and prepared for formatting. Work on a final product has been completed. The Play Tools for Toddlers Curriculum and The Play Tools for Toddlers Curriculum for Families are ready to be disseminated.

Activity 1.6 Translate curriculum into Spanish. The translation of the curriculum to Spanish was interrupted by staffing shortages. At the time the final report was being prepared the person responsible for the translation was on maternity leave. She is expected to return in April of 2002 to complete the work.

**Objective 2.0 Curriculum Implementation**

**Activity 2.1** **Recruit Parents**. Recruitment of families began in October of 1998. Unfortunately, although recruitment efforts were a major activity of the project staff, participants entered the project at a slower rate than expected. In order to be eligible to participate in the project, children had to attend one integrated toddler program (not more than 20% of the children in the program receive early intervention services) at least two days per week. These requirements were chosen to maximize the effect of the intervention. An adjustment to the originally conceived eligibility requirements was made at the beginning of the project to allow children who attended two different integrated toddler programs per week. Three of the children who were enrolled in the project attended two different toddler programs. It was decided, however, that the impact of the intervention may be lessened for these children because these programs were often community recreation programs (e.g., toddler swimming, neighborhood play group) that were only 45 minutes to one hour in duration. These programs were therefore limited in the scope of activities, materials, and daily routines that may be offered for children. Enrollment of a child in two different integrated programs also resulted in the necessity to collect child status and program status data in two different settings which was difficult to accomplish in light of staff resources. The decision was made to limit participation in the project to children in only one group. Continued difficulties with recruitment lead to a reversal of the decision as long as the parent understood their role as the facilitator during both community programs. For example, one of the children was involved in a toddler gymnastics class and a neighborhood playgroup. It was discussed with his mother that since she was present at both places she would be able to implement the program objectives at the play group where there was no group leader.

In addition to these modifications, other nontraditional recruitment strategies were employed. They included requesting a direct mailing to families through the lead early intervention agency, Department of Mental Retardation (DMR), and subcontracting with The Orlena Hawks Puckett Institute in North Carolina.

In January of 2000 the director of the Department of Mental Retardation, the lead agency for early intervention in Connecticut, agreed to write a cover letter supporting our efforts to recruit families to participate in this project. Mailing labels were provided to DMR. They were returned to the Division of Child and Family Studies to be stuffed and mailed. The mailing to families included the cover letter from the director of DMR with a brief explanation of the project and an informational brochure. Contact information for interested parents was also included. On February 16 and 17, 2000, 766 letters were mailed to families in Connecticut. From February until April phone calls and brochures were received from parents and caregivers. Out of the 766 letters only 72 parents responded. These phone calls and written responses were promptly followed up on by the project coordinator. She phoned parents, briefly discussed the project, determined if the child did in fact meet the eligibility requirements and then asked if parents were interested in meeting face to face. These meetings were scheduled at times that were convenient to families. As a result of this mailing, only 12 children and families were recruited to participate in the project. Several reasons for this result can be highlighted. First, out of 766 letters the initial response from parents was low. As stated previously, only 72 parents returned the brochure or made contact by phone. Secondly, once parents were contacted, it was determined that many children did not actually meet the project criteria for participation. Parents called either knowing their child did not meet the criteria but hoping their child could become involved anyway, or misunderstood the information provided in the brochure. This misunderstanding surrounded the involvement in a group with peers. Some parents interpreted this to mean we were providing a group and they wanted their child to join. Thirdly, many parents expressed an initial interest and face to face meetings were held at their homes. However, after receiving specific information about the project, i.e. length of involvement, need for paperwork, etc., many parents decided not to become involved. Finally, a few providers expressed discomfort or disinterest in becoming involved as well. As a result, parents declined participation because they did not want to create an uncomfortable situation with their child's care giver. Copies of the letter and the brochure used in this mailing can be found in Appendix D.

In addition, we received a commitment from The Orlena Hawks Puckett Institute to recruit 20 families to participate in this project. They were expected to be recruited from an inclusive daycare that is directed by the principal investigators of the Institute, Carl Dunst and Carol Trivette. A training on project procedures, the Play Tools for Toddlers Curriculum and data collection was completed by the principal investigator, Mary Beth Bruder, in February, 2000. Recruitment of families in North Carolina began immediately after that training. Unfortunately, this recruitment effort followed a similar pattern as the recruitment efforts in Connecticut. Appendix E contains a copy of the recruitment strategies used in North Carolina. As a result of the lack of participants in North Carolina, the project once again began to be implemented only in Connecticut.

Although they have were not completely successful, other recruitment activities are worth mentioning. They include informational brochures sent to early intervention provider agencies, follow up visits to each agency staff meeting to talk about the project and mailings to daycare agencies and physicians who had previously indicated an interest in research projects from this office. In addition, informational pieces were placed in four parent newsletters in January of 1999 and November of 1999. They included the Down Syndrome Congress newsletter, the Connecticut Parent Advocacy newsletter, the Autism Society of America newsletter, and the Family Paper of Northern Connecticut. A copy of the information placed in the newspapers can be found in appendix F. Finally from 10/2000 to 1/2001 additional recruitment efforts were made.

Activity 2.2 Enroll children. Children began to be enrolled in the project in October of 1998. A brief explanation of that process will be provided here. A procedure manual specifically explaining the enrollment process has been written and can be found in appendix G. In summary, once a family was referred an informational meeting occurred between the project coordinator and the family to explain the project and answer any questions. The child was randomly assigned to the control or curriculum group and the family was notified of the assignment. If the family chose to participate the consent form was signed and data collection began. Data collection on families, children and services (child status, family status, family background, and service characteristics) continued as children and families were enrolled. A brief description of the enrollment process including the schedule of data collection is provided below.

The first program visit was used to assess the child's program. Due to the variety of programs in which participants were enrolled, it was necessary to employ several environmental rating scales. If a child was enrolled in a day care center program, the Infant Toddler Environment Rating Scale (Harms et al., 1990) was used. If the child was enrolled in a family day care program, the Family Day Care Rating Scale (Harms & Clifford, 1989) was used. For the purposes of the study, an additional scale which is based on the Infant Toddler Environment Rating Scale was developed to be used to rate community recreation programs (swimming, play groups, library programs, etc.). If the child was enrolled in a play group, library group or other community recreation program, this adapted rating scale was used. The Activity Log, which is an instrument used to record the child's involvement in program activities and the adult's involvement with the child was also completed. The research assistant collected additional information about the child's program including information about education level and experience of the staff.

The teacher or program facilitator was asked to complete a Play Profile which assessed the child's specific play preferences, the Social Competence Strategies Questionnaire which asked the teacher to report on his/her use of social competence strategies, and the Social Status Questionnaire which asked the teacher to report on the child's social status within the group by answering questions about whether other children chose to interact with the child during various classroom activities. The teacher was also asked to complete the Friendship Survey for Teachers which was used to examine the child's friendship patterns.

The second program visit was used to videotape four ten-minute segments of the child's play activities during the program. Every attempt was made to film the child during free play and outdoor free play. The videotapes were then used to score the Play Observation Scale and the Individual Social Behavior Scale. The research assistant also obtained a copy of the child's IFSP which was then analyzed for content. The content analysis of the IFSP involved examining the outcomes and objectives to note the developmental domains addressed on the child's IFSP, the functionality, generality, and measurability of the outcomes and objectives, and the instructional context in which the outcomes and objectives were taught.

The home visits were used to collect information about family demographics, the child's intervention history and the types of services s/he was receiving. The parents or caregivers were also asked to complete the Child Behavior Checklist (Achenbach, 1992), the Family Support Scale (Dunst Trivette & Deal, 1988) the Friendship Survey for Parents, and the Social Network Questionnaire. The parents or caregivers also participated in completing the Family Interview which was used to develop intervention goals for the family component of the curriculum as well as providing information about parental attitudes and beliefs about the importance of making friends, how children learn and their feelings on how parents can impact their child's social development. A Play Profile which is used to assess the child's specific play preferences as reported by the parent/caregiver was also completed with the family.

A second home visit was used to videotape a 30-minute session of parent-child play interaction. This videotape was then used to score the Parent/Caregiver Involvement Scale (Farran, Kasari, Comfort & Jay, 1986) and to complete the Battelle Developmental Inventory. These visits were scheduled at a convenient time for the family including daytime, evenings and weekends.

The most recent data status report was run in February 2002 and it has been determined that most child, family and service characteristics data files are nearly complete.

Activity 2.3 Provide training to families and teachers on curriculum. This activity began in October 1998, and continued throughout the project as new families, children, and service providers were brought into the study. As children and families were enrolled in the project, the families, teachers and service providers attended a curriculum training session that addresses all aspects of the curriculum including methodology, implementation, and data collection. These individuals also received two written manuals that served as guides on the use of the curriculum. They are entitled The Play Tools for Toddlers Curriculum Overview and the Curriculum Handbook. Training also occurred on an ongoing basis via implementation of the social competence curriculum during program and home visits where models of the teaching procedures designed from the curriculum were provided, informal discussions occurred on all aspects of the project and data were reviewed. In addition, if there were any changes in staff at the various programs that were involved in the intervention group, a meeting was held by the project coordinator, the project interventionist and the program staff for the purpose of training new staff on the curriculum. A copy of the Play Tools for Toddlers Curriculum Overview and The Curriculum Handbook can be found in appendix H.

Activity 2.4 Implement curriculum. A program planning meeting was held for each child. During this time decisions were made about the child's specific curriculum objectives based on the Assessment of Peer Relations(APR) and input from the child's teacher, parents and early interventionist. Discussion to help define the prompting hierarchy most helpful to the child was also discussed. Using this information the project interventionist drafted objectives that follow an antecedent, behavior, consequence format. Once this process was completed implementation began. Program planning forms can be found in appendix I, including a copy of the APR. Implementation for children receiving the social competence curriculum began in December 1999 and took place during ongoing site visits. Intervention site visits occurred weekly and were about one to one and a half hour in length. This provided the interventionist with many opportunities to demonstrate the social competence strategies, work with program facilitators, and model the data collection process and to observe the child's behavior in a variety of situations. An effort was made to vary the time of day at which intervention visits took place in order to allow the interventionist to implement the curriculum and observe the program facilitators' implementation during a variety of daily activities. An activity matrix was used to create a visual picture of when the child's objectives could be implemented within the program's daily routine. Project interventionists actively implemented the child's curriculum objectives.

Activity 2.5 Collect implementation data. Three types of data on implementation of the curriculum were collected. First, in order to examine whether and how the teachers were using the social competence curriculum, data was collected on the teacher's (service provider's) implementation of the curriculum by the project staff during the weekly intervention visits. This was accomplished by observing the service provider during weekly visits. The use of implementation strategies was recorded in the interventionists visit log. Specific information about what strategy was implemented, when the strategy was implemented, and the outcome was recorded in the visit log.

Second, the project staff also noted the types of information about implementation of the curriculum that was provided to the teacher during individual visits. These areas included providing information about how to successfully implement the child's curriculum targets using specific toys and materials, arranging the physical environment to promote social interaction, making adaptations based on the child's individual needs, working on curriculum targets within routines and planned activities, using specific peers as models or partners, demonstrating or modeling data collection on the child's behavior with respect to the curriculum targets, discussing the child's curriculum plan, and using modeling to demonstrate how to implement the child's curriculum targets. A brief checklist was used by the project staff during the implementation visits to note what types of information on use of the curriculum were given to the teacher.

Third, the project staff and program staff shared responsibility for collecting data on the child's social behavior with respect to his/her intervention goals once per week. This was accomplished by the use of an activity matrix to plan activity based interventions and data sheets which were used to collect instructional data.

A similar system of data collection on implementation of The Play Tools for Toddlers Curriculum for Families objectives and outcomes was also developed. Families completed weekly activity diaries which contained self-report information regarding their implementation of the child's curriculum targets. The project staff also completed teaching logs for home visits. These teaching logs included information about specific techniques that were modeled or demonstrated for the parent such as elaborated language, interactive play, responding to the child's initiations or interests, and promoting social interactions during home play dates and other child-peer activities.

Copies of these forms for program and home can be found in appendix J

Activity 2.6 Collect comparison data on children not receiving the curriculum. The Social Competence Curriculum Project staff collected data on children participating in the control group, their families, and the community based programs in which the children are enrolled (see Tables 1, 2 and 3 for lists of these measures). Copies of these measures can be found in The Project Procedure Manual. Data were collected at six month intervals by a research assistant who was blind to the conditions to which the children had been assigned. Data collection began when a child entered the study at 24 months and continued until the child was 48 months of age. Data for each age point were collected during two program visits and two home visits.

Activity 2.7 Analyze data. Project staff met to develop data analysis procedures. Both the immediate and long term effects of the curriculum were examined. A mixed model repeated measures design was used to have one between (treatment) condition and five repeated time points. As part of this report, data analyses were carried out to examine the consistency of the two groups (control and intervention) at 24 months of age. Included in this report is also a comparison between the groups from 24 to 36 months. These analyses compare the two groups of children on developmental (Battelle Developmental Inventory) and social competence outcomes (observations; questionnaires) via two way ANOVA and MANOVA procedures. To further assess the relationship between changes in social competence outcomes and other aspects of development (as well as service characteristics and background variables), a number of other procedures will be used. These will include covariate analysis in which background factors and developmental factors will be analyzed to examine multivariate effects of these predisposing variables. In addition, both linear and multiple regression analysis will be computed on salient variables. Correlations will also be used to assess the reliability and stability of dependent measures over time. Significant ANOVAS will be followed up with the appropriate post hoc analysis.

For this final report, the participants (children), their families, their service providers, their program environments, and their service characteristics will be described. This descriptive information will reflect all data that have been collected.

## Description of Data Collection Measures and Corresponding Data at 24 Months

Data included in this report reflect information about 33 children, 20 children in the curriculum group and 13 children in the control group. In addition, it should be noted that individual measures are missing for two specific children. This is due to the slow process of obtaining special permission for the child in foster care so that project staff could have contact with the program staff. Conversations were permitted between the foster family and project staff earlier than with program staff. As a result not as much is missing from data collected at home. When permission was obtained the child had aged too far past 24 months to make the program data useful in comparison to other children. The other child became ill and was hospitalized as data were being collected. He had not yet begun his program and so there were no "teachers" to request program information from. Descriptive statistics are presented below.

### Description of Child and Family Demographics

Of the 33 children who were included in these analyses, the group consists of 20 boys and 13 girls. Twenty-six children were Caucasian, 2 were African American, 1 was Latino and 4 were of mixed race. Thirty-one lived with their mother and father and 2 were in foster care homes living with a mother and father. Eight children were only children, 3 were first born, there was one set of twins, and 19 were later born. This information was missing for 1 of the children. Of the children who have siblings the mean number of siblings is 1.00. The head of household is employed in all of the families. Of the 33 mothers, 8 completed high school, 5 completed some college, 10 completed college and 8 have received post graduate degrees. This information was not provided for 2 of the mothers. Of the 33 fathers, 1 father had not completed high school, 10 completed high school, 5 completed some college and 10 completed college, and 4 have received post graduate degrees. Two families reported an income that ranges from $20,000-

$39,000 per year, 9 families reported an income that ranges from $40,000 to $59,999 per year, 11 families reported an income that ranges from $60,000-$79,000 per year, 4 families reported an income that ranges from $80,000-$99,999 per year and 3 families reported an income of greater than $100,000 per year. Four families chose not to respond to this question.

Analyses of variance were completed to determine if the two groups differed significantly on any of the above variables. No significant differences were found.

### Child Status

Battelle Developmental Inventory (Newborg, Stock, Wnek, Guildubaldi, & Svinicki, 1984)

The Battelle Developmental Inventory (BDI) is a standardized assessment which assesses key developmental skills in children birth to age eight. The full BDI consists of 341 test items grouped into five domains: personal-social, adaptive, motor, communication, and cognitive. A 3-point scoring system provides a measure that takes into account emerging as well as fully developed skills. The BDI was designed to accommodate a range of disabling conditions, and adaptations are permitted for children who have sensory or motoric disabilities that might restrict their ability to perform a target behavior. A total score and individual domain scores are calculated for each child's observation point. Information collected on the BDI indicates a sample of children with similar age equivalent scores in all domain areas. Although the control group scored higher in all sudomains, these differences are not significant at this point. Age equivalents also show a group in total with mild to moderate delays. Table 4 summarizes age equivalents at 24 months for each group

Analyses of variance were computed for the Battelle Developmental Inventory to examine whether the two groups differed on any of the variables. No significant differences were found between the two groups.

## Support Services

Information is collected from the family regarding the types of early intervention services the child receives, the location in which the child receives these services, whether these services are delivered individually to the child or in a group context, whether the services are delivered directly or through consultation, and the amount of time per month that the child receives the services. Overall, children in both groups receive similar service packages. The primary services include some combination of service coordination, special instruction, speech, occupational therapy, and physical therapy. In addition, these services are primarily delivered at home. Tables 5 and 6 provide information about specific numbers of children receiving each of the primary services and the total percentage of services by location.

At the time the final report was prepared the following services had not been provided to any participants, family training, psychological services, social work, or transportation. One or two children received each of the following services, assistive technology, audiology, medical evaluation, nursing, nutrition, health services, and vision services.

Analyses of variance were computed for the Support Services form to examine whether the two groups differed on any of the variables. One significant difference was found between the two groups. The total number of hours of service received by the children in the intervention group was significantly higher than the children in the control group. The number of hours for the children in the intervention group was a mean of 7.96 and a mean of 5.45 for the children in the control group.

## Child Intervention History

In order to obtain all of the information necessary to describe the sample of children participating in the project, information on the children's intervention histories and brief health histories was also collected by parent report. In this, as in other areas, the children are matched between groups. No significant differences can be found at this time.

All children received early intervention. The mean early intervention start age was 7.83 months (SD= 7.28). Five children had a primary diagnosis of developmental delay, 7 were children with down syndrome, 6 were children with orthopedic impairments, 1 had congenital CMV, 3 were children with biological risk, and 8 were children with speech delays. This information was missing for 3 children. 44.8% of the parents first became concerned at birth. This was the largest percentage of parental responses. Twenty four parents indicated there was something unusual about the pregnancy while 9 did not. Twelve children had major illnesses, 8 children needed medication, 7 children had dietary restrictions, 1 child experienced seizures, and no children had allergies.

## Child Behavior Checklist

The Child Behavior Checklist (Achenbach, 1992) asks parents to rate their child on 100 items describing potential child behavior issues (e.g., avoids looking others in the eye, refuses to play active games, easily frustrated). Parents are asked to respond to each item on a 3-point scale (0 = not true, 1 = somewhat or sometimes true, 2 = often or very true). Responses provided by parents are scored using a computerized scoring system that is available from the authors. The scoring program produces total scores and T scores on six subscales: anxiety/depression, withdrawal, sleep problems, somatic problems, aggressive behavior, and destructive behavior. Total scores and T scores are also available for two groupings of the subscales: internalizing and externalizing. Internalizing is the sum of anxiety/depression and withdrawal; externalizing is the sum of aggressive behavior and destructive behavior. Sleep problems and somatic problems are considered neither internalizing nor externalizing. The author recommends categorizing children into 'normal', 'borderline', and 'clinical' ranges based on T scores.

Throughout the duration of the project participants did not present with a profile of frequent difficulties in behaviors. Most children fell into the non-clinical range. The mean for total number of problems is 30.75, out of a possible 100. The number of scales in the borderline range is .44 and the number of scales in the clinical range is .06. Table 7 indicates the number of children in each subscale and in each range by group. Results from the CBCL support the theory that children are well matched between the 2 groups. Analyses of variance were computed for the Child Behavior Checklist to examine whether the two groups differed on any of the variables. No significant differences were found between the two groups.

## Child Social Measures

### Individual Social Behaviors, (ISB ) (Guralnick & Groom, 1988)

Individual Social Behaviors provides information about the social interactions of the focal child toward peers recorded in 11 categories: (1) gains the attention of a peer, (2) uses peer as a resource, (3) leads peer in activities-positive and neutral, (4) leads peer in activities- negative (5) imitates a peer, (6) expresses affection to peer, (7) expresses hostility to peer, (8) competes with peer for adult's attention, (9) competes for equipment, (10) shows pride in product or attribute to peer, and (11) follows peer's activity without specific directions to do so. Two additional categories focus on the social behaviors of the focal child in response to directed activities of a peer: (12) follows the lead of a peer in response to verbal or nonverbal directions, and (13) refuses to follow or ignores peer's directions or requests. The final category is one in which the focal child serves as a model for a peer. The focal child's success in events 1,2,3,4,8 and 9 is judged also.

Definitions for successful or unsuccessful social interactions are specific to each social behavior category. Data is described in the following way. First the activity of the class, then the availability of the adult or the peer followed by the behavior of the child using the 11 categories named above. If there is a social behavior included then with whom it occurred, if it was facilitated by an adult and was it successful are also recorded. If no social activity is observed, an additional variable indicates alternative behaviors.

Data is described in the following way. First the activity of the class, then the availability of the adult or the peer followed by the behavior of the child using the 11 categories named above. If there is a social behavior included then with whom it occurred, if it was facilitated by an adult and was it successful are also recorded. If no social activity is observed, an additional variable indicates alternative behaviors. Overall, most of the observed time is in free play, peers and adults are available almost equal amounts of time, peers 153.50 intervals and adults 155.05 intervals. Children spend the largest amount of time in solitary play and when they are engaged in a social behavior the most frequent social behavior is observing a peer. Overall, adults were observed to facilitate play during only 8.56% (SD=18.80) of the video taped time. This could be explained if the activities that were taped were largely structured activities but as it was mentioned earlier the largest amount of recorded time is free play. Table 8 includes the mean number of 10 second intervals of activity, peer and adult availability and social behavior by group. These are the summary measures created to address the volume of output yielded from ISB.

At the time one child began participating in the project, the day care center he attended did not have a director. The classroom staff did not feel comfortable allowing video taping to occur with out the approval of someone in the position of director. As a result no tape was recorded at this age point for this child.

Analyses of variance were computed for the Individual Social Behavior Scale to examine whether the two groups differed on any of the variables. One significant difference was found between the two groups. The number of routine care intervals was significantly higher for children in the control group.

Play Observation Scale

The Play Observation Scale is used to examine the social and cognitive levels of play. It is scored from videotaped observations that are 40 minutes in length. Each child is filmed in his/her program, preferably during free play activities. The coding is done in 10-second intervals, totaling 240 records for each child at each age point. Three variables describe the situation when the behavior is observed: the classroom activity, whether there is an adult interacting with the child, and whether the child's peers are available for play. The main variable describes whether the child is playing or not, and whether the play is being facilitated by an adult. For those intervals in which the child is playing, the social level of play (Solitary, Parallel, Parallel Aware, Simple Social, Group Play) is recorded and the cognitive level of play (Functional, Constructive, Dramatic, Games with Rules) is recorded.

The mean number of play intervals was 194.77, the mean number of adult facilitated play intervals was 3.67 and the mean number of non-facilitated play intervals was 71.63. Interestingly, the most frequently observed social level of play was solitary play during non-facilitated play and increased in complexity to parallel aware play during facilitated play. Finally, at least one other child was available to the target child a mean number of 99.33 intervals. Because levels of facilitated play were low, Table 9 describes social levels of non-facilitated play only and Table 10 describes non-facilitated levels of cognitive play.

Analyses of variance were computed for the Play Observation Scale to examine whether the two groups differed on any of the variables. One significant difference was found between the two groups. The number of intervals of intervals of transition was higher for children in the control group. The difference was significant, F (1, 13) = 7.06, $p < .01$.

## Social Network

The Social Network questionnaire asks parents to indicate the number and types of social contacts the child has had during the course of a week. The week on which the information is based is the week prior to the parents' completion of the form. Therefore, "past week" refers to a different period of time for each child. A social contact event is defined as an opportunity for social interaction such as attending a birthday party with other children, going to the play ground, and having children come over to play. The instrument provides information on, the number of contact events, the types of contact events (organized community activities, organized family or friend activities, and unstructured play contact), the number of children involved in the contact events, the ages of the children involved in the contact events groups, and the amount of time spent in social contacts. Other data include, the number of children who had no contact versus the number of children with at least one contact, contacts with children with disabilities, and frequencies for the various relationships the target child might have with the children contacted (e.g., relative other than siblings, friend, play group).

Children who had 1 or 2 contacts with peers outside of their early childhood setting made up 54.5% of the sample. There was a portion of the sample, 30.3% that had no contacts with peers. Overall, children in both groups have the same number of opportunities for contact with children outside of their early childhood setting. There is a difference in the type of groups they participate in. Children in the curriculum group spend more time in unstructured play groups and with older children than children in the control group. They also have more contact with relatives. The primary type of contact for the control group is in a large group and with same age peers.

Analyses of variance were computed for the Social Network Questionnaire to examine whether the two groups differed on any of the variables. Significant differences were found between the two groups in the variables mentioned above. In summary, the percent of contact opportunities with older children, or relatives and in unstructured play was significantly higher for children in the curriculum group. The percent of contact opportunities with same age peers and time spent in large groups was significantly higher for children in the control group.

## The Social Status Questionnaire

The Social Status Questionnaire asks teachers to indicate the frequency (0=Never, 1=Sometimes, 2=Always) with which other children in the program choose to interact with the target child during various classroom routines. It should be noted that due to the variety of programs children participate in some activities such as snack or circle do not occur in every program. This changes the number of responses by item. All categories except, Plays with child's toys, were rated as never. The percent scores ranged from 15.6% to 31.3%. Table 11 shows the break down of each item by group for responses of sometimes or always.

Analyses of variance were computed for the Social Status Questionnaire to examine whether the two groups differed on any of the variables. No significant differences were found between the two groups.

## Parent and Teacher Friendship Surveys

Teachers and parents are also asked to respond to a friendship survey. This survey asks them to note whether the child shows an interest in another child and if so, whether it is mutual or

unreturned and, whether another child shows interest in the target child which is not returned by the target child. Teachers and parents were asked to respond to slightly different instruments. The teacher survey also asks whether the child uses any adaptive devices and whether the child has an unusual appearance, behaviors or actions in addition to the friendship information.

Friendship Survey for Teachers

As reported by the teachers and program facilitators 31.3% of the children show they have an interest in another peer, 2 children have a mutual friend, 1 child shows an interest that is not returned, and 1 child has an unwanted friend. These numbers are out of 14 children. This information was not provided for 1 child. Two teachers responded that children used specialized devices, had unusual appearances. Neither of them felt that these issues interfered with the child's ability to interact with their peers. One teacher indicated the target child demonstrated an unusual behavior and that it did interfere with their ability to interact with peers.

Analyses of variance were computed for the Friendship Survey for Teachers to examine whether the two groups differed on any of the variables. No significant differences were found between the two groups.

Friendship Survey for Parents

As reported by parents 6 children have an interest in another child, 6 have a mutual friend, 2 show an interest that is not returned, and 3 have an unwanted friend.

Analyses of variance were computed for the Friendship Survey for Parents to examine whether the two groups differed on any of the variables. No significant differences were found between the two groups.

## Family Status

Family Support Scale (Dunst, Jenkins & Trivette, 1984)

The Family Support Scale asks parents to rate how helpful various individuals and agencies have been in assisting the family with raising their child. These sources include support from within the family (parent, spouse, child, spouse's parents, relatives, spouse's relatives) support from informal sources (coworkers, friends, spouse's friends), support from the community (parent groups, social groups, other parents, church), and support from formal sources (school, professionals, social service agencies, early intervention program, physicians). The mean scale responses reflect points on a 5-point scale which correspond to 1="not at all helpful," 2="sometimes helpful," 3="generally helpful," 4="very helpful," and 5="extremely helpful."

Families perceive low to moderate levels of support from the sources mentioned within the Family Support Scale. Within the available choices families are finding formal sources the most supportive and community sources as the least supportive. Table 12 provides the mean responses for the 5 summary areas by group.

Analyses of variance were computed for the Family Support Scale to examine whether the two groups differed on any of the variables. No significant differences were found between the two groups.

Personal Network Matrix (Trivette & Dunst, 1988)

The Personal Network Matrix is used to assess the amount of personal contact parents have with various individuals and groups over a period of one month. The Personal Network Matrix consists of 3 parts, however, only the questionnaire portion is used. The questionnaire asks parents to report on the amount of contact they have had with various individuals and groups over the course of one month. These sources include contact within the family (parent, spouse, child, spouse's parents, relatives, siblings, spouse's siblings) contact with informal sources (coworkers, friends, neighbors), contact with the community (baby-sitters, church, clergy), and contact with formal sources (day care providers, therapists, early intervention program, doctors, health providers, hospitals).

A one way analysis of variance was performed for each type of contact (family, informal, community, and formal sources of support) to examine whether the two groups (intervention and control) differed significantly in reported level of support. No significant differences were found. An additional analysis was performed on the individual item pertaining to contact with early interventionists at 24 months. It was found that parents of children in the curriculum group reported that they had significantly more contact with early interventionists than did parents in the control group. It is interesting to note that although parents in the curriculum group reported more contact with early intervention personnel on the Personal Network Matrix, they did not report a greater quantity of support from early intervention personnel on the Family Support Scale. Table 13 shows the mean scale responses reflected on a 5-point scale (1="not at all," 2="once or twice," 3="at least 10 times," 4="at least 20 times," and 5="almost every day") for the 4 summary descriptors and a total by group.

### Family Interview

The purpose of the Family Interview is to begin to establish rapport and a collaborative relationship with the family and to gather specific information from the family's perspective. This information includes the family's daily routines and schedule, favorite activities, beliefs about the child's learning style, beliefs about the determinants of social competence, the parent-child relationship and play interaction, providing opportunities for the child to play with other children, and family stress and support. It is completed as an interview with the family.

Information provided on the Family Interviews indicated that 3 parents feel it is somewhat important for their child to make friends and 28 parents feel it is very important for their child to learn how to make friends. When asked how they felt their children learned new skills, the largest percent of parents responded, learn by hands on experience, the least chosen response was by being punished. Parents were also asked, how much of a role do they feel experience plays in their child's development. Most parents felt that experience plays a large role but it is also somewhat due to who the child is. When parents were asked to respond to what they thought was responsible for their child learning to get along with other children, the largest percentage of parents chose by playing with other children followed by watching other children. Finally, when asked, How often do you play with your child?, all parents played with their child at least once a day. Tables 14 and 15 include information about how parents feel their children learn to get along with other children and what parents do when their children are playing with other children by group.

Analyses of variance were computed for the Family Interview to examine whether the two groups differed on any of the variables. Two differences were found between the groups. This occurred in the are of how parents feel their children learn. A higher percentage of parents of children in the curriculum group felt their children acquired skills in therapy. This difference was significant, $F$ (1, 23) = 8.18, $p < .01$. In addition, a larger percentage of parents of children in the control group felt their children learned by watching and imitating their peers. This difference was also significant, $F$ (1, 26) = 4.06 $p < .05$.

**Early Childhood Site Measures**

The characteristics of children's early childhood settings were measured in terms of their quality using environmental rating scales. The characteristics of individual programs were also examined including the amount of experience and education the staff has had, the ratio of children with disabilities to children without disabilities, and the daily schedule. An Activity Log is completed for the target child (the child in the study) which examines the child's activity every 10 minutes for the duration of the program for one day. The teachers or program facilitators are asked to report on their use of social competence strategies using the Teacher's Report of Social Competence Strategies (created for the purposes of this project). In addition, each child's IFSP is analyzed for content concerning the functionality and generality of outcomes and objectives, the instructional context in which the outcomes and objectives are carried out, and the measurability of outcomes and objectives.

### Environmental Rating Scales

Children's early childhood sites were rated for quality using the Infant Toddler Environment Rating Scale (Harms, Cryer, & Clifford, 1990), the Family Day Care Rating Scale (Harms & Clifford, 1989), and an adaptation of the Infant Toddler Environment Rating Scale which was created for the purposes of this research project (see appendix K for a copy of this measure). These instruments employ a 7-point scale to rate the quality of infant-toddler programs on various dimensions such as materials and toys, health and safety, adult-child interactions, activities for children, activities for language development, and schedule of activities. As noted previously, the adapted version of the Infant Toddler Environment Rating Scale was used to rate community recreation programs (e.g., library hour, toddler swimming, play groups).

Environmental quality is reported by first rating as opposed to a rating at 24 months. This is done to mitigate the effects of changes in the child's program. For example when a child remains in the same program from 24 to 48 months there would be one first rating. However, if a child changes programs at 27 months that child would have two first ratings. This is especially important for children in the curriculum group. It is possible that the effects of the curriculum on the environmental quality may be less for programs who participate for shorter periods of time, thus lessening the overall effectiveness of the curriculum on this area. There have been 23 ITERS completed, 10 Family Day Care Rating Scales completed, 11 Adapted ITERS completed, and 9 ECERS completed. Overall, the programs that children in the intervention group participate in are rated slightly higher than the programs of the children in the control group, M=5.00 and 4.84 respectively. This difference is not significant. Table 16 indicates the number of programs rated using each instrument and the mean over all quality rating for each instrument (representing a 7-point scale, inadequate to excellent).

## Classroom Profile

The Classroom Profile was used to collect data on the following aspects of the children's programs: total number of children enrolled in the group, number of children with disabilities in the group, the age range of the children, the number of classroom and itinerant staff, mean years of experience for classroom and itinerant staff, and the teacher-child ratio in the class. Itinerant classroom staff includes clinicians, therapists, and other staff who may visit the program on a regular basis. These data can be examined in terms of the sample of programs (denoted as "by program") in the study with "program" as the unit of analysis and in terms of the programs the children are experiencing with the child as the unit of analysis (denoted as "by child"). Since this section is a description of the child's program, the information in Table 17 summarizes this information by program.

Overall, children in the intervention group and the control group are in programs with similar characteristics. Some notable differences do exist. The number of program staff is higher in programs attended by children in the control group. This difference was significant, $\underline{F}$ (1, 50) = 4.68, $\underline{p} < .04$. Not surprisingly, the number of other children in programs attended by children in the control group was also higher than in programs attended by children in the curriculum group. This difference was significant, $\underline{F}$ (1, 32) = 6.03, $\underline{p} < .02$. There was also a significant difference in the total amount of time spent in program. Children in the control group spent more time in program than children in the curriculum group, $\underline{F}$ (1, 49) = 4.61, $\underline{p} < .04$.

## Activity Log

An activity log is completed for each child. The activity log is used to collect data on the child's activities in his/her program for a total of three hours or for the duration of the program if it is less than three hours in duration. Specific information obtained includes the study child's activity, the classroom activity, the number of adults and children, the developmental and age appropriateness of the activity, whether early intervention activity was happening at the time of observation, whether the child is engaged appropriately, and whether one or more adults is involved with the study child. If an adult was involved with the child for an observation point, the role of that adult is recorded (teacher, therapist, etc.) and whether the involvement consisted of monitoring, support, or direct intervention. The rater is asked to observe and record the child's activities every 10 minutes. The data recorded are meant as a "snapshot" in that the rater records what is occurring at that point in time. The activity log can be examined with the program as the unit of analysis or the child as the unit of analysis. Since this section of the report is intended to describe the sample in terms of characteristics of the children's early intervention settings, the data for the activity log will be reported by program rather than by child.

The mean length of an observation is 141.05 minutes. In addition, programs spend surprisingly similar amounts of time in each activity. The activity log also provides information about the age appropriateness and developmental appropriateness of the activities and whether the child was engaged in the activity. The mean percent of time during which age appropriate activities were occurring was 97.16% (SD=8.59). The mean percent of time during which classroom activities were observed to be developmentally appropriate 98.22%(SD=4.59). Finally, the mean percent of time the child was appropriately engaged was 88.92% (SD=14.94). Another aspect of the activity log examines the involvement of early intervention service providers in the child's program. Each of the major disciplines was involved at a very small percentage. Early intervention services accounted for only 1.91% of all observed time. Several reasons for this extremely low level of intervention can be offered. This may due to the fact that most children in the study do not receive intervention visits from the early intervention service providers at their programs. Services are generally being delivered at home as noted in the explanation of recruitment activities. Also, the early intervention service providers' visits to the children's programs may not coincide with the project staff's visit to the program for the purpose of completing the activity log since this occurs only every six months.

Table 18 provides information about the activity of the class during the observation time broken down by percentage for each group. Table 19 provides the information about the role of the adult during the observation by group.

Analyses of variance were computed for the Activity Log to examine whether the two groups differed on any of the variables. One significant difference was found between the two groups. One of the categories that describes an adult's behavior is monitoring the children's activities. This category showed that teachers in the control group spend almost twice as much time as teachers in the intervention group.

Social Competence Strategies

The Social Competence Strategies Profile asks teachers to respond to two types of questions concerning 21 strategies that may be used to promote young children's social competence. They are asked to first rate the importance of each strategy to the program using a five-point scale (5= Very Important, 3= Somewhat Important, 1= Not at all Important). They are also asked to report whether they use each strategy in their programs by responding "yes" or "no". Because the 21 strategies would yield voluminous output because of the two ratings, the items were placed into categories. These include strategies concerning: (1) the program environment, (2) media, (3) direct teaching, (4) modeling, (5) praise, (6) specific environment for children with special needs, (7) direct teaching of social skills related to children with special needs, and (8) praising social interaction with children with special needs. Each category contains from one to five individual strategies.

The analysis consists of descriptive statistics (mean, standard deviation) for all programs for each of the importance ratings and yes/no ratings. Table 20 contains descriptive information regarding the importance ratings for the created categories. Table 21 contains descriptive information regarding the yes/no ratings for the created categories. The data in Tables 20 and 21 reflect the first measurement point for each program rather than the 24 months age point.

Overall, there is little variation in teachers responses. According to teacher report they are all actively implementing most of the strategies and they feel most of them are important to use in their programs.

At this time there are two significant differences between the groups. The use of the environment as a means to teach social skills was used more often by teachers in the curriculum group. This difference was significant, $\underline{F}$ (1, 26) = 4.84, $\underline{p} < .03$. In addition, teachers in the curriculum group rated the use of praise higher than teachers in the control group. This difference was also significant, $\underline{F}$ (1, 26) = 4.17, $\underline{p} < .05$.

## Summary of Significant Results at 24 Months

A summary of the significant results will be presented below to highlight issues concerning the comparability of the two groups at 24 months.

One child status measure and two social status measures showed significant differences at 24 months. The total number of hours of service was higher for children in the curriculum group. This was based on information gathered through the Support Services form. Both the Play Observation Scale (POS) and the Individual Social Behavior (ISB) scale indicated one significant difference in each measure. According to the POS children in the control group spent significantly more time in transition and the ISB highlighted the amount of time spent in routine care activities was also higher for the children in the control group.

Analysis of the Social Network Questionnaire indicated significant differences on five variables. Overall, the number of opportunities to interact with other children was similar for both groups, where they spent that time and who they spent it with were the areas of difference. Children in the curriculum group spent significantly more time in unstructured play opportunities, with older groups of children, and with relatives than children in the control group. In addition, children in the control group spent significantly more time in large groups, and with same age peers than children in the curriculum group.

Additional differences were found on two family status measures, the Personal Network Matrix and the Family Interview. Not surprisingly, the families of children in the curriculum group reported more contact with their early intervention program. Based on the Family Interview more families of children in the curriculum group chose the response, "learn by acquiring skills during therapy" and more families of children in the control group chose the response "learn by watching and imitating other children."

Several measures of the early childhood setting characteristics suggest differences in the profiles for the children in the two groups. According to the analysis of the Classroom Profile using the program as the unit of analysis, programs in the control group employ a significantly larger number of staff. According to analysis of the Activity Log data, children in the control group spend a significantly higher percentage of the observed time involved in routine care activities and the adults in those programs spend more time monitoring the children than adults in the programs of children in the curriculum group. Another measure completed by teachers, The Social Competence Strategy Rating Scale, indicate teachers of children in the curriculum group place more importance on the use the modifications of environment and praise than teachers of children in the control group.

**Description of Comparison Data from 24 to 42 months**

Selected child and family measures were examined for change from 24 months to 42 months using repeated measures analyses of variance. Measures included the

Battelle Developmental Inventory, the Child Behavior Checklist, the Individual Behavior Scale, the Play Observation Scale, the Social Network Questionnaire, the Social Status Questionnaire, the Parent and Teacher Friendship Surveys, the Family Support Scale, the Personal Network Matrix, the Environmental Quality Rating Scales and the Activity Log. The analyses represent a focused approach to examining group differences in which specific variables were chosen for each instrument based on their salience in terms of the intervention rather than examining group differences for all possible variables on each measure. For most of the instruments, the analyses include 16 children for the intervention group and 12 children in the control group for whom data were collected at both ages.

### Battelle Developmental Inventory

The analysis of differences between the two groups from 24 months to 42 months was computed for all scales on the Battelle Developmental Inventory. The mean age equivalent scores at 24 and 42 months are presented by group in Table 22. As expected there were age effects found for all subscales and total scores. The key effect for examining any effect of the intervention on the child's development, however, is the interaction between the time of testing (age of child) and group (intervention or control). When comparing scores at 42 months, children in the curriculum group demonstrated higher age equivalent scores in every domain. In some domains this constituted "coming from behind" as the children in the curriculum group had a lower age equivalent score in that domain at 24 months. These differences, however, were not significant.

### Child Behavior Checklist

Change from 24 to 42 months was examined on four subscales of the Child Behavior Checklist, the aggressive subscale, the withdrawn subscale, the sleep problems subscale, and the somatic subscale. Table 23 contains descriptive information for the two groups on the 4 subscales at each age. Repeated measures analysis of variance was computed for each of the scales. One significant difference was found. On the anxious/depressed subscale children in both groups received lower scores at 42 months than at 24 months. However, the drop in scores for children in the control group was larger than for children in the curriculum group. In other subscales, similar results were found at 42 months when compared to the information obtained during the 24 month data collection. Parents do not indicate that their children are falling into the clinical range on most of the subscales. Overall, parents report that this group of participants does not demonstrate extreme behaviors. The mean number of problems indicated at 42 months for children in the intervention group was 29.62 (SD= 15.86). The mean for children in the control group at 42 months was 25.82 (SD=15.10). There was no significant difference in these scores.

## Individual Social Behaviors

Selected items from the Individual Social Behaviors were chosen for analyses of change from 24 to 42 months. These items include the number of social behaviors directed toward a peer, directed to both a peer and an adult, directed to an adult only, responding to a peer, responding to an adult, failing to respond to a peer, failing to respond to an adult, the number of social bids from a peer and the percentage of responses and the percent of adult social bids responded to. In addition, a mean was created for the total number of social bids toward an adult and the responses to an adult as well as the total number of social behaviors that were coded. Table 24 provides information about each of these subscales.

Based on the most recent data analysis, children in both the intervention and the control group show an increase in social behavior toward peers. As expected, children in both groups show an overall decrease in social behavior toward an adult representing a typical increase in interest in peers. However, from 36 to 42 months there is a slight increase in both groups. Perhaps this is a reflection of increased teacher involvement in preschool programs. Similar patterns exist in the other subscales as well with the exception of the percent of responses to a peer. In this case there was an overall increase in both groups but children in the control group demonstrated a larger increase over time. Analysis of variance and chi square tests were used to test whether or not these differences were significant. No significant differences were found.

Play Observation Scale

The variables that were chosen to examine the Play Observation Scale data for change from 24 to 42 months were the frequency of facilitated and non-facilitated play, how frequently the child was alone, and the highest and most frequent levels of social and cognitive play.

At 42 months, the mean number of adult facilitated play intervals for children in the control group was 7.85 and the mean number of non-facilitated play intervals was 67.85. For children in the control group these means were .38 and 65.25. At 24 months the highest social level of play was the same for both the intervention group and control group. At 42 months simple social continues to be the highest social level of play demonstrated by both groups. When looking at the most frequent social level of play at 24 months, the largest number of children in both groups demonstrated solitary play. At 42 months solitary play remained the most frequent social level of play for both groups. The highest cognitive level of play observed for both groups at both 24 and 42 months was constructive play. Finally, the most frequent cognitive level of play at both 24 and 42 months was also constructive play.

Analyses of variance were computed for the Play Observation Scale to examine whether the two groups differed on any of the variables. It is of interest although the differences were not significant, that the number of intervals a child spent alone decreased for children in the intervention group from 24 to 42 months and increased for children in the control group from 24 to 42 months. In addition, the amount of adult facilitated play decreased for children in the intervention group and increased slightly for children in the control group. These differences indicate that children in the curriculum group were spending more time with peers and suggest they were able to sustain social interactions with less adult facilitation than children in the control group.

## Social Network

Group differences from 24 months to 42 months were examined for the Social Network Questionnaire focusing on the number of opportunities for social contact, the number of contact opportunities with a small group, the number of contact opportunities with children birth to five, and the number of contacts with children who are also receiving early intervention services. These variables were chosen as those most likely to be impacted by the intervention. Table 25 contains descriptive data for each of the above variables for 5 children in the intervention group and 5 children in the control group. One significant group by age interaction was found. There was an increase in the number of contacts with peers who also received early intervention for children in the curriculum group from 24 months to 42 months. That number decreased for children in the control group, $\underline{F}$ (1, 21) = 3.90, $\underline{p} < .01$.

## Social Status

Group change from 24 months to 42 months was examined on the Social Status Questionnaire. Data for each scale item are reported in Table 26. The number of children rated for each item differs because the activities at the individual programs differed (i.e., not all programs have snack or circle time). With a score of 0 indicating "never" and a score of 1 indicating "at least sometimes", the mean score represents the proportion of children for whom the teacher indicated "at least sometimes" as to whether other children choose to be involved with the target child in various ways (e.g., sit next to at circle time, watch out for, choose as a buddy). Analysis of variance was used to test for group differences on each of the items. One significant group by age interactions was found. This was found in the variable describing whether peers chose to sit near the target child during activities, $\underline{F}$ (1, 24) = 2.75, $\underline{p} < .05$.

### Friendship Survey for Parents

Only the key variable on the Parent Friendship Survey, "does your child show an interest in another child" was examined for group change from 24 months to 42 months. This item is intended to serve as a general measure of the child's friendship patterns. Because the level of affirmative responses is low, the available data for the more detailed follow up questions was too limited for analysis. The mean for children in the intervention group at 24 months was .33 and at 42 months had increased slightly to .75. The mean for children in the control group at 24 months was .36 and at 42 months had also increased slightly to .73. No significant group by age interactions were found.

### Teacher Friendship Survey

Only the key variable on the Teacher Friendship Survey, "does the child show an interest in another child" was examined for group change from 24 months to 42 months. This item is intended to serve as a general measure of the child's friendship patterns. Because the level of affirmative responses is low, the available data for the more detailed follow up questions was too limited for analysis. The mean for children in the intervention group was .43 at 24 months and was .43 at 42 months. The mean for children in the control group was .13 at 24 months and was .38 at 42 months. Analysis of variance was completed to determine if any significant changes had occurred. No significant difference was found.

### Family Support Scale

Change from 24 to 42 months was examined for parent responses on the Family Support Scale for the following variables: support from the early intervention program, support from within the family, support from informal sources, support from community sources, and support from all sources (total). Table 27contains descriptive data for the above variables.

Families in both groups reported decreases in support from all sources over time with the exception of support from community sources which increased slightly for families in the curriculum group and remained level for families in the control group. Analysis of variance indicated no significant differences between the groups.

## Personal Network Matrix

Group differences in age changes from 24 to 42 months were examined for parent responses on the Personal Network Matrix for the following variables: contact with the early intervention program, contact with family, contact with informal sources, contact with community sources, and total contact (all sources). Table 28 contains descriptive data for the above variables. Families in both groups report that their contact decreases with early intervention programs. In addition, both groups report consistent amounts of contact with family members over time and both groups report increases in contact with community sources. Analysis of variance highlighted one significant difference between the groups. This was found in the contact with all sources. Families in the curriculum group reported an increase in contact versus a decrease in contact for families in the control group. As previously stated this difference was significant, $F\ (1, 23) = 4.85$, $p < .00$.

## Environmental Quality

Overall environmental quality rating was looked at for change from first observation to third observation. The rating increased slightly for programs in the intervention group and decreased slightly for programs in the control group. The mean rating for children in the curriculum group at the first observation was 4.61 and at the third observation it was 4.94. For children in the control group the first rating was a mean of 4.70 and at the second observation it was 4.43. These differences were not significant.

### Activity Log

The percent of free play, whether any early intervention service was occurring during the observation, was the intervention the main activity or an extra activity and were there any adults involved with the target child were looked at for change from first observation to third observation. Of those four variables no significant differences were found. The percent of free play increased and then decreased for both groups. Free play accounted for 73.79 percent of observed time at the first rating and decreased to 70.04 percent of observed time for the curriculum group. Programs in the control group decreased the amount of free play from 67.40 percent of observed time to 57.63 percent. At the initial observation, early intervention services were observed 4.61 percent of the time for children in the curriculum group and were not observed at all during the third observation. There were no observations of early intervention occurring during the completion of the activity log for children in the control group at either the initial or third observation. Finally, any adult involvement decreased for both groups. For children in the intervention group it decreased from 60.89 percent to 46.75 and for children in the control group it decreased from 68.62 percent to 44.40 percent.

### Parent and Teacher Satisfaction Surveys

The Satisfaction Survey for Parents consists of 13 items rated on a 5- point scale (1=Strongly Disagree, 2=Disagree, 3=Not sure, 4=Agree, 5=Strongly Agree). These items address various aspects of the family's participation in the social competence project such as communication with project staff, the perceived effectiveness of the intervention activities, and the ease of use of various curriculum materials such as data forms and questionnaires. Table 29 provides the percent of parents responses to each question. Parents were also asked to provide written comments for two questions: "What do you like best about participating in the Social Competence Curriculum Project?" and "What do you like least about participating in the Social Competence Curriculum Project?". Table 30 provides a summary of parents responses.

76.9% of parents indicated that there were social goals on their child's IFSP as a result of participating in the project. In addition, 93.3% of respondents indicated they would enroll their child in an integrated program as a result of participating in the project and 60.0% felt they were better able to advocate for that placement as a result of participation in the project. The mean number of items rated positively was 11.4 and the mean number of items rated negatively was 1.33.

The Satisfaction Survey for Teachers consists of 9 items rated on a 5-point scale (1=Strongly Disagree, 2=Disagree, 3=Not sure, 4=Agree, 5=Strongly Agree). It was completed by program or classroom teachers at the point at which the child had been participating in the project for six months. However, since some of the children either changed programs or some of the programs changed staff, the teacher's length of participation on the project does not necessarily equal the child's length of participation at the time the survey was completed. The items on the scale address various aspects of the teacher's participation in the social competence project such as communication with project staff, the perceived appropriateness and effectiveness of the curriculum, and the usefulness of various curriculum materials. Table 31 provides the percent of teacher responses to each question. Teachers were also asked to provide written comments for three questions: "What do you like best about participating in the Social Competence Curriculum Project?" and "What do you like least about participating in the Social Competence Curriculum Project?" and "How could the Social Competence Curriculum Project be improved?" Table 32 provides a summary of teachers' responses.

Ten teachers were involved in the project for three to six months, 5 teachers were involved from 7 to 9 months, and 4 teachers were involved for at least 1 year. 89.5% of teachers who responded felt that the Play Tools for Toddlers benefited all children and 68.5% of them felt they spent more time on social competence activities as a result of participation in the project. Finally, 79.0% responded that they would use the Play Tools for Toddlers Curriculum again. The mean number of items rated positively was 7.68 and the mean number of items rated negatively was .42.

### Establish Reliability

Procedures for determining inter-observer reliability for assessment and data coding procedures were determined in the first quarter of the project. The present system assigns reliability age points every three months based on the pool of children available for data collection. Age points which are below 20% can be specifically addressed based on the pool of children available. Children were tested for reliability only twice. Reliability tables for each measure that reliability was established for can be found in appendix L.

## Objective 3.0 Dissemination

### Activity 3.1 Format curriculum for Internet

The Play Tools for Toddlers Curriculum is currently being used in another research grant awarded to the project director of Social Competence in Early Childhood: The Effects of a Specific Curriculum Focus. Placing the curriculum on the internet could effect the knowledge of the providers assigned to the comparison group. As a result this activity will be postponed until the close of that project. Other means of controlled dissemination will be used.

### Activity 3.2 Advertise curriculum and training materials nationally

The Play Tools for Toddlers Curriculum and the additional materials developed as part of this project are currently described on the University of Connecticut A. J. Pappanikou Center for Excellence website. This provides a national opportunity for advertisement of the curriculum. In addition, the project is mentioned on the NECTAS website and the Center is mentioned on the Connecticut Birth to Three website.

Activity 3.3 Implement presentations and workshops nationally

In December of 2001, a presentation was made at the Division for Exceptional Children national conference. Information regarding The Play Tools for Toddlers Curriculum and case summaries of children who were in the curriculum group were shared with participants. Papers will continue to be submitted for acceptance to additional conferences throughout this year.

Activity 3.4 Write journal and newsletter articles

It was anticipated that articles on project findings would be written and submitted to academic journals during the final year of the project. This objective has not been completed. The explanation provided in Activity 2.1 regarding the challenges met during recruitment is relevant to this activity as well. In addition, the data collected and subsequent analysis of that data did not generate the predicted outcomes. Few substantial significant differences were discovered as part of the data analysis. Attempts to explain this outcome will continue to be an effort of this office. However, at this time it is not expected that journal articles will be forth coming. It should be noted that trends did occur and while the data may not stand up to the rigors of an academic journal positive impacts were noted and these stories will be shared.

Activity 3.5 Disseminate curriculum and training manuals nationally

Information regarding the curriculum has been placed on the Center's website. In addition, the curriculum was presented at the national Division for Exceptional Children conference in December of 2001.

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Table 1

Child Status Measures

| Measure | Method |
|---|---|
| Battelle Developmental Inventory | Observation and direct test |
| Assessment of Peer Relations | Observation of child by project staff |
| Child Support Services | Parent report |
| Individual Social Behavior Scale | Scoring from videotape |
| Play Observation Scale | Scoring from videotape |
| Social Network Questionnaire | Parent report |
| Social Status Questionnaire | Teacher report |
| Play Profile | Teacher report and parent report |
| Friendship Survey for Teachers | Teacher report |
| Friendship Survey for Parents/Caregivers | Parent report |
| Child Behavior Checklist | Parent report |

Table 2

Family Status Measures

| Measure | Method |
|---|---|
| Family Demographics | Parent report |
| Family Support Scale | Parent report |
| Family Interview | Parent interview |
| Child Intervention History | Parent report |
| Personal Network Matrix | Parent report |
| Parenting Stress Index | Parent report |
| Parent Involvement Scale | Scoring from videotape |

Table 3

Early Intervention Site Measures

| Measure | Method |
|---|---|
| Infant Toddler Environment Rating Scale | Program observation |
| Family Day Care Rating Scale | Program observation |
| Adapted Infant toddler Environment Rating Scale | Program observation |
| Classroom Profile | Teacher report |
| Activity Log | Program observation |
| Teacher Report of Classroom Behavior II | Teacher report |
| IFSP Content Analysis | Paper and pencil scoring |
| Teacher Report of Social Competence Strategies | Teacher report |

Table 4

Battelle Developmental Inventory Mean Age Equivalents by Group at 24 months

| Developmental Domain | Intervention Group (N=19) | | Control Group (N=13) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Total Battelle | 18.32 | 3.96 | 19.85 | 4.04 |
| Personal/Social | 18.32 | 3.33 | 20.15 | 4.04 |
| Adaptive | 16.95 | 3.95 | 18.69 | 4.64 |
| Motor | 17.68 | 6.33 | 18.69 | 7.19 |
| Communication | 17.32 | 3.40 | 18.15 | 5.71 |
| Cognitive | 17.89 | 3.38 | 19.42 | 7.02 |

Table 5

Percent of Support Services by Type

| Service | Intervention Group (N=19) | Control Group (N=13) |
|---|---|---|
| Special Instruction | 68.4 | 46.2 |
| Physical Therapy | 68.4 | 69.2 |
| Occupational Therapy | 57.9 | 53.8 |
| Speech Therapy | 73.7 | 69.2 |

Table 6

Percent of Services by Location

| Location | Intervention (N=16) | Control (N=12) |
|---|---|---|
| Home | 67.30 | 55.94 |
| Center | 22.00 | 34.75 |

Table 7

Frequency Data for Subscales on the Child Behavior Checklist by Group at 24 months

| | Intervention Group (N=19) | | | Control Group (N=13) | | |
|---|---|---|---|---|---|---|
| | Non-Clinical | Borderline | Clinical | Non-Clinical | Borderline | Clinical |
| Anxiety/Depression | 17 | 2 | 0 | 12 | 1 | 0 |
| Withdrawn | 18 | 1 | 0 | 12 | 1 | 0 |
| Sleep Problems | 16 | 2 | 1 | 12 | 1 | 0 |
| Somatic Problems | 19 | 0 | 0 | 13 | 0 | 0 |
| Aggressive Behavior | 18 | 1 | 0 | 12 | 1 | 0 |
| Destructive Behavior | 17 | 2 | 0 | 12 | 0 | 1 |
| Internalizing Problems | 14 | 2 | 3 | 11 | 0 | 2 |
| Externalizing Problems | 16 | 2 | 1 | 9 | 2 | 2 |
| Total Score | 14 | 3 | 2 | 10 | 1 | 2 |

Table 8

Individual Social Behaviors Summary Measures by Group at 24 months

| | Intervention Group (N=17) | | Control Group (N=12) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Free Play | 206.82 | 45.78 | 191.33 | 66.83 |
| Eating | 4.71 | 13.00 | 4.33 | 10.13 |
| Other Activity | 16.74 | 41.79 | 36.08 | 67.50 |
| Peer Available | 146.85 | 34.84 | 162.92 | 53.34 |
| Adult Available | 152.09 | 50.07 | 159.25 | 47.64 |
| Social Behavior Toward a Peer and Responding to a Peer | 19.88 | 17.27 | 16.08 | 17.39 |
| Social Behavior Directed to an Adult | 11.74 | 7.43 | 12.75 | 10.05 |

Table 9

Play Observation Scale Mean Frequencies of Non-Facilitated Social Levels of Play by Group at 24 months

| Social Play Level | Intervention Group (N=17) | | Control Group (N=13) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Solitary Play | 40.24 | 23.88 | 39.92 | 32.72 |
| Parallel Play | 12.47 | 10.16 | 18.62 | 16.15 |
| Parallel Aware Play | 13.11 | 15.41 | 16.38 | 16.16 |
| Simple Social Play | 1.41 | 3.41 | 1.77 | 3.90 |
| Reciprocal Play | .35 | 1.46 | .08 | .28 |
| Group Play | .00 | .00 | .00 | .00 |

Table 10

Play Observation Scale Mean Frequencies of Non-Facilitated Cognitive Levels of Play by Group at 24 months

| Cognitive Play Level | Intervention Group (N=17) | | Control Group (N=13) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Exploratory Play | 2.06 | 3.17 | 2.08 | 3.12 |
| Functional Play | 5.77 | 14.80 | 9.31 | 16.04 |
| Constructive Play | 59.77 | 23.67 | 65.46 | 42.52 |
| Dramatic Play | .00 | .00 | .00 | .00 |
| Games with Rules | .00 | .00 | .00 | .00 |

Table 11

Summary of Social Status Questionnaire (Number of Children Rated Sometimes or Higher for the Total Sample) by Group at 24 months

| | Intervention Group | | Control Group | |
|---|---|---|---|---|
| | Frequency | N* | Frequency | N* |
| Sit Near During Snack | 8 | 11 | 7 | 9 |
| Play with Child's Toys | 17 | 18 | 11 | 12 |
| Choose Child as Playmate | 14 | 18 | 8 | 13 |
| Watch out for Child | 15 | 19 | 7 | 13 |
| Sit Near During Circle | 10 | 19 | 9 | 12 |
| Sit Near During Activities | 13 | 19 | 11 | 12 |

*The number of children rated for each item differs because the activities at the individual programs differed (i.e., not all programs have snack or circle time).

Table 12

Family Support Mean Scale Responses by Group at 24 months

| Variable | Intervention Group (N=19) | | Control Group (N=13) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Support from Within Family | 2.96 | .82 | 3.19 | .51 |
| Informal Sources of Support | 2.56 | .96 | 2.44 | 1.02 |
| Community Support | 1.71 | .61 | 2.13 | .79 |
| Formal Sources of Support | 3.19 | .70 | 3.23 | .73 |
| Support from all Sources | 2.68 | .57 | 2.84 | .57 |

Table 13

Personal Network Mean Scale Responses by Group at 24 months

| Variable | Intervention Group (N=19) | | Control Group (N=13) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Contact with Family | 3.13 | .62 | 3.31 | .68 |
| Contact with Informal Sources of Support | 3.14 | .93 | 3.23 | .74 |
| Contact with Community Support | 2.09 | .94 | 1.97 | .70 |
| Contact with Formal Sources of Support | 2.04 | .46 | 1.83 | .32 |
| Contact with all sources | 2.59 | .42 | 2.57 | .34 |

Table 14

Family Interview- How child learns to get along with other children by percent

| | Intervention (N=19) | | Control (N=12) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| By playing with other children | 1.26 | 1.91 | .67 | .49 |
| By watching other children play | 1.16 | 1.95 | .42 | .51 |
| By having an adult explain | .84 | 2.03 | .50 | .52 |
| By being told what to do | .79 | 2.04 | .17 | .39 |
| By being rewarded for behaviors | 1.00 | 2.00 | .50 | .52 |

Parents can chose more than one response. As a result percents will add to more than 100%.

Table 15

Family Interview- Parents Interaction with Children

| | Intervention (N=5) | | Control (N=3) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Set up the situation to encourage play | 2.88 | .96 | 2.42 | 1.24 |
| Suggest activities while playing | 2.56 | .89 | 2.50 | 1.24 |
| Suggest ways to play positively | 3.25 | .68 | 3.27 | .90 |
| Direct your child's play | 2.81 | .83 | 2.40 | .97 |
| Join in the play | 2.93 | .98 | 2.81 | .87 |
| Help resolve verbal conflicts | 2.33 | 1.40 | 2.63 | 1.21 |
| Help children resolve physical conflicts | 3.06 | 1.81 | 3.00 | 1.10 |
| Discuss problems after play | 2.00 | 1.36 | 2.36 | 1.29 |
| Point out what went well after play | 2.38 | 1.41 | 2.50 | 1.43 |

Table 16

Summary of Environmental Quality at 24 Months

| Type of Environment | Scale | Number of Programs | Mean Quality Rating | Standard Deviation |
|---|---|---|---|---|
| Center Day Care | ITERS* | 23 | 4.95 | .75 |
| Family Day Care | FDCRS** | 10 | 4.13 | .99 |
| Community Rec./Other | Adapted ITERS | 11 | 5.30 | 1.00 |
| Special Education Preschool | ECERS | 9 | 5.36 | .92 |

*Infant Toddler Environment Rating Scale

**Family Day Care Rating Scale

Table 17

Summary of Group Means by Program for Classroom Profile Data at 24 months

| | Intervention Group (N=30) | | Control Group (N=20) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Number of Other Children in Group | 7.47 | 2.90 | 9.20 | 4.07 |
| Number of Other Children with Disabilities in Group | .57 | .93 | 1.40 | 3.03 |
| Low End of Age Range in Months | 20.67 | 7.76 | 20.00 | 10.46 |
| High End of Age Range in Months | 45.87 | 24.83 | 37.15 | 19.64 |
| Number of Program Staff | 1.93 | 1.11 | 2.60 | .99 |
| Number of Itinerant Staff | .97 | 1.19 | 1.05 | 1.32 |
| Years Experience with Children Birth to Age 5 | 8.47 | 4.65 | 6.67 | 4.51 |
| Years Experience of Itinerant Staff with Children Birth to Age 5 | 10.19 | 5.80 | 11.87 | 5.12 |
| Staff-Child Ratio | 4.89 | 2.04 | 4.31 | 2.09 |
| Total Hours in Program per Week | 15.93 | 17.22 | 27.00 | 18.43 |

Table 18

Activity Log- Class Activity by Percent

| Class Activity by % | Intervention Group (N=36) | | Control Group (N=21) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Free play | 60.23 | 22.37 | 51.61 | 24.48 |
| Themed structured | 16.81 | 15.53 | 22.81 | 18.54 |
| Routine Caregiving | 1.48 | 7.02 | 2.55 | 4.69 |
| Transition | 10.59 | 9.41 | 14.60 | 8.98 |
| Snack | 10.89 | 9.35 | 8.43 | 7.38 |

Table 19

Activity Log- Adult Role by Percent at 24 months

| | Intervention Group (N=36) | | Control Group (N=21) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Ant adults involved | 57.18 | 22.81 | 65.47 | 21.02 |
| Adult monitoring | 11.98 | 12.85 | 21.07 | 17.34 |
| Adult support | 19.90 | 11.94 | 21.57 | 10.17 |
| Adult direction | 30.00 | 19.91 | 29.62 | 17.31 |

Table 20

Importance Ratings on Social Competence Strategies Profile at Initial Observation Point for Program by Group at 24 months

| Strategy Category | Intervention Group (N=27) | | Control Group (N=19) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Environment | 4.44 | .47 | 4.33 | .46 |
| Media | 3.07 | .81 | 3.53 | .79 |
| Direct Teaching | 4.71 | .48 | 4.66 | .40 |
| Modeling | 4.71 | .55 | 4.53 | .56 |
| Direct Praise | 4.91 | .24 | 4.89 | .21 |
| Environment for Children with Special Needs | 4.32 | 1.09 | 4.42 | .77 |
| Direct Teaching/Children with Special Needs | 4.42 | .62 | 4.11 | .79 |
| Praise/Children with Special Needs | 4.40 | 1.05 | 3.71 | 1.72 |

Table 21

Use of Strategies Ratings (Yes/No) on Social Competence Strategies Profile at Initial Observation Point for Program by Group at 24 months

| Strategy Category | Intervention Group (N=23) | | Control Group (N=15) | |
|---|---|---|---|---|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Environment | .94 | .13 | .88 | .13 |
| Media | .56 | .29 | .61 | .32 |
| Direct Teaching | .97 | .11 | .99 | .06 |
| Modeling | .94 | .21 | .94 | .16 |
| Direct Praise | 1.00 | .00 | .97 | .11 |
| Environment for Children with Special Needs | 1.00 | .00 | .84 | .37 |
| Direct Teaching/Children with Special Needs | .87 | .30 | .77 | .31 |
| Praise/Children with Special Needs | .88 | .33 | .63 | .50 |

Table 22

Age Equivalent Scores on the Battelle Developmental Inventory Data at 24 and 42 Months

| Domain | Intervention (N = 16 ) | | Control ( N = 12) | |
|---|---|---|---|---|
| | Mean (Standard Deviation) | | Mean (Standard Deviation) | |
| | 24 months | 42 months | 24 months | 42 months |
| Total BDI | 18.56<br>(4.23) | 30.44<br>(9.63) | 19.42<br>(4.98) | 28.58<br>(9.91) |
| Personal/Social | 18.25<br>(3.62) | 28.93<br>(9.47) | 19.92<br>(4.12) | 28.75<br>(10.46) |
| Adaptive | 17.38<br>(3.95) | 28.43<br>(9.30) | 18.17<br>(4.43) | 26.58<br>(9.19) |
| Motor | 18.31<br>(6.53) | 30.50<br>(10.45) | 18.08<br>(7.15) | 27.33<br>(11.18) |
| Communication | 17.19<br>(3.17) | 29.69<br>(9.70) | 17.67<br>(5.68) | 26.42<br>(10.68) |
| Cognitive | 18.19<br>(3.43) | 33.88<br>(10.97) | 19.04<br>(7.19) | 30.08<br>(12.51) |

Table 23

Descriptive Data for Child Behavior Checklist Subscales at 24 and 42 Months

| | Intervention (N = 13) | | Control (N = 11) | |
|---|---|---|---|---|
| | Mean (Standard Deviation) | | Mean (Standard Deviation) | |
| | 24 months | 42 months | 24 months | 42 months |
| Anxious/Depressed | 4.54<br>(3.10) | 4.31<br>(3.71) | 4.55<br>(2.81) | 2.73<br>(2.28) |
| Withdrawn | 3.92<br>(2.43) | 4.00<br>(1.84) | 4.39<br>(2.96) | 5.46<br>(5.09) |
| Sleep Problems | 3.23<br>(3.90) | 2.09<br>(2.81) | 3.54<br>(3.41) | 2.27<br>(1.80) |
| Somatic Problems | 2.92<br>(2.00) | 2.09<br>(1.58) | 4.15<br>(3.29) | 2.91<br>(2.81) |
| Aggressive | 6.39<br>(4.33) | 7.63<br>(5.14) | 6.54<br>(5.11) | 5.73<br>(3.98) |
| Destructive | 5.39<br>92.36) | 6.46<br>(3.17) | 3.46<br>(3.50) | 3.27<br>(3.13) |
| Total Score | 34.69<br>(17.76) | 34.82<br>(14.50) | 34.31<br>(20.46) | 31.27<br>(18.88) |

Table 24

Mean Number of Intervals on Individual Social Behaviors - Summary of all Children at 24 and 42 Months

| | Intervention Group (N= 14) | | Control group (N= 9) | |
|---|---|---|---|---|
| | Mean (Standard Deviation) | | Mean (Standard Deviation) | |
| Type of Social Behavior | 24 months | 42 months | 24 months | 42 months |
| Directed to a Peer | 14.43<br>(14.16) | 18.57<br>(19.82) | 11.56<br>(13.01) | 12.00<br>(9.03) |
| Directed to an adult | 12.54<br>(7.49) | 7.93<br>(7.52) | 12.44<br>(8.38) | 7.00<br>(6.00) |
| Responding to a peer | 1.89<br>(2.26) | 2.29<br>(2.81) | 1.11<br>(1.62) | 2.11<br>(1.96) |
| Responding to an adult | 3.11<br>(3.62) | .64<br>(1.01) | 1.89<br>(2.62) | .78<br>(1.39) |
| Not responding to a peer | 16.79<br>(12.73) | 11.21<br>(12.86) | 16.44<br>(12.96) | 9.44<br>(6.95) |
| Not responding to an adult | 8.96<br>(5.61) | 2.79<br>(3.07) | 7.00<br>(5.90) | 3.00<br>(5.00) |
| # Social bids from a peer | 18.68<br>(12.14) | 13.50<br>(13.54) | 17.56<br>(13.87) | 11.57<br>(6.50) |
| % of peer bids responded to | 17.45<br>(19.66) | 18.50<br>(21.56) | 5.52<br>(6.93) | 23.19<br>(26.63) |
| Social behavior with a peer | 19.79<br>(19.01) | 26.00<br>(26.00) | 18.11<br>(19.52) | 15.78<br>(10.59) |

Table 25

Descriptive Data for Social Network Questionnaire at 24 and 42 Months

| | Intervention (N= 12) | | Control (N= 11) | |
|---|---|---|---|---|
| | Mean (Standard Deviation) | | Mean (Standard Deviation) | |
| | 24 months | 42 months | 24 months | 42 months |
| # Opportunities for Social Contact | 1.50<br>(1.57) | 1.83<br>(2.30) | 1.27<br>(.91) | 1.36<br>(.81) |
| # of Peer Contacts | .67<br>(.78) | 1.25<br>(1.77) | .82<br>(.75) | .91<br>(1.04) |
| # Contacts with Other Children with Special Needs | .00<br>(.00) | .64<br>(.81) | .40<br>(.69) | .00<br>(.00) |

Table 26

Summary of Social Status Questionnaire at 24 and 42 Months ( Proportion of Children Rated Sometimes or Higher)

| Domain | Intervention<br>(N = 15 ) | | Control<br>( N = 9) | |
|---|---|---|---|---|
| | Mean<br>(Standard Deviation) | | Mean<br>(Standard Deviation) | |
| | 24 months | 42 months | 24 months | 42 months |
| Sit Near During Snack | 4.40<br>(3.44) | 2.67<br>(1.80) | 4.22<br>(3.62) | 3.00<br>(2.34) |
| Play with Child's Toys | 2.17<br>(.39) | 2.33<br>(2.15) | 3.50<br>(2.74) | 2.00<br>(.00) |
| Choose Child as Playmate | 1.79<br>(.43) | 2.00<br>(.56) | 1.56<br>(.53) | 2.11<br>(.60) |
| Watch out for Child | 2.00<br>(.66) | 1.93<br>(.59) | 1.78<br>(.67) | 2.00<br>(.50) |
| Sit Near During Activities | 2.00<br>(.76) | 2.13<br>(.35) | 2.22<br>(.67) | 3.00<br>(2.34) |

Table 27

Mean Responses on the Family Support Scale at 24 and 42 Months

| | Intervention (N=) | | Control (N=) | |
|---|---|---|---|---|
| | Mean (Standard Deviation) | | Mean (Standard Deviation) | |
| | 24 months | 42 months | 24 months | 42 months |
| Support from Early Intervention Program | 4.27<br>(.79) | 2.46<br>(1.75) | 3.82<br>(1.33) | 1.27<br>(.91) |
| Support from Within Family | 3.06<br>(.48) | 2.64<br>(.61) | 3.12<br>(.45) | 2.83<br>(.74) |
| Support from Informal Sources | 2.69<br>(1.01) | 2.25<br>(.88) | 2.49<br>(1.11) | 2.33<br>(.86) |
| Support from Community Sources | 1.85<br>(.67) | 1.92<br>(.77) | 2.14<br>(.85) | 2.14<br>(.94) |
| Total Support | 2.72<br>(.48) | 2.45<br>(.46) | 2.84<br>(.59) | 2.51<br>(.52) |

Table 28

Mean Responses on the Personal Network Matrix at 24 and 42 Months

| | Intervention (N = 11) | | Control (N = 11) | |
|---|---|---|---|---|
| | Mean (Standard Deviation) | | Mean (Standard Deviation) | |
| | 24 months | 42 months | 24 months | 42 months |
| Contact with Early Intervention Program | 2.64<br>(.67) | 1.91<br>(1.22) | 2.36<br>(.92) | 1.00<br>(.00) |
| Contact within the Family | 3.06<br>(.50) | 3.04<br>(.50) | 3.18<br>(.55) | 2.95<br>(.66) |
| Contact with Community Sources | 1.89<br>(.84) | 2.33<br>(1.15) | 1.97<br>(.71) | 2.15<br>(.62) |
| Contact from all Sources | 2.49<br>(.46) | 2.58<br>(.48) | 2.53<br>(.33) | 2.37<br>(.35) |

Table 29

Parent Responses on the Parent Satisfaction Survey (N= 15)

| Item | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Meetings & Visits With Staff Helpful | | | | 46.7 | 53.3 |
| Good Communication Between Family and Staff | | | | 46.7 | 53.3 |
| Number Of Questionnaires Reasonable | 6.7 | 6.7 | 6.7 | 73.3 | 6.7 |
| Visits Held At Convenient Times | | | | 46.7 | 53.3 |
| Interventions Fit Into Daily Routines | | | 6.7 | 66.7 | 26.7 |
| Interventions Easy To Carry Out | | | 6.7 | 73.3 | 20.0 |
| Interventions Helped Child And Family | | | | 53.3 | 46.7 |
| Interventions Helped Achieve Family Goals | | | 6.7 | 46.7 | 46.7 |
| Family Handbook Easy To Follow | | 7.1 | 21.4 | 64.3 | 7.1 |
| Daily Activity Diary Easy To Complete | 6.7 | 13.3 | 13.3 | 60.0 | 6.7 |
| Child And Family Benefited From Program | | | 6.7 | 46.7 | 46.7 |
| Integrated Preschool Is Important As Result Of Participation In Project | | 6.7 | | 46.7 | 46.7 |
| Better Able To Seek Out Integrated Preschool Program | | 6.7 | | 46.7 | 46.7 |

Table 30

Samples of Written Comments Provided by Parents on the Parent Satisfaction Survey

| | |
|---|---|
| What do you like best about participating in the Social Competence Curriculum Project? | "receiving suggestions; discussing the child's new developments; working together on next steps" |
| | "It gives me ideas for things to work on with my child." |
| | "Contact from staff allows me to clarify my goals for my child." |
| | Birth to 3 became more aware of social goals because of this study and try to encourage play with other kids |
| | Program/curriculum gave me the skills to help me look at him in a different way |
| | "specific activities/strategies designed so I can help my child become more socially competent" |

Table 31

Mean Responses on the Teacher Satisfaction Survey (N= 19)

| Item | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Information from the Assessment of Peer Relations was useful | | | 21.1 | 57.9 | 21.1 |
| Information from the Play Profile was useful | | | 10.5 | 73.7 | 15.8 |
| Curriculum was appropriate and useful for child with disabilities in class | 5.3 | | 10.5 | 63.2 | 21.1 |
| Outcomes and interventions were appropriate for child | | | 10.5 | 47.4 | 42.1 |
| Curriculum benefits all children in class | 5.3 | 5.3 | | 57.9 | 31.9 |
| Spend more time of social competence activities as a result of participation | 5.3 | 5.3 | 10.5 | 47.4 | 31.6 |
| Would use curriculum again | 5.3 | 5.3 | 10.5 | 47.4 | 31.6 |
| Meetings and visits with project staff are useful | | | 5.3 | 47.4 | 47.4 |
| Good communication with project staff | | | 5.3 | 26.3 | 68.4 |

Table 32

Samples of Written Comments Provided by Teachers on the Teacher Satisfaction Survey

| | |
|---|---|
| What do you like best about participating in the Social Competence Curriculum Project? | "...the opportunity to meet and work with others who are working on social competence which is near and dear to my heart"<br>"...usefulness of strategies for all children; having specific strategies to achieve objectives"<br>"ideas can be used for all children in the class"<br>"…become more aware of ways to enhance social interaction opportunities"<br>"I like knowing that research exists in this area. It confirmed our beliefs and actions are in the right direction"<br>"Heighten my awareness of creating opportunities to help develop social skills. Pushes me to be more creative, dynamic"<br>"The useful information provided for building social skills. It helps people involved with the child become more aware of ways to enhance social interaction opportunities." |

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# APPENDIX A

*Anne Marie Davidson*
9 Fairfax Street
Wynantskill, New York 12198
(518)283-9540

**tion**

*State University of New York at Albany, Albany, New York*
Masters of Science in Special Education
Degree conferred June, 1991

*Ithaca College, Ithaca, New York*
Bachelor of Arts in Psychology
Degree Conferred May, 1989

**ience**

*Capital District Beginnings, Mary Garrett, Ed Welch, CoDirectors*
*Troy, New York* (September 1992 - Present)

For the first three years at Beginnings I taught a self contained special education preschool classroom. I was responsible for the coordination and implementation of twelve children's programs including their speech/language, gross motor and fine motor needs. I worked closely with speech, physical and occupational therapists using a transdisciplinary approach. For the past three years I have been involved in collaborative programs with regular education daycares and preschools including Head Start. During this time I acted as a consultant to the regular education staff to design and modify the child's program to address cognitive as well as behavioral goals within their typical setting as well as work directly with the child. Within all of these settings I have worked with the family sharing information, developing goals and supporting the transition to kindergarten. For three years I supervised a graduate level intern during their required internship. I was responsible throughout all of my employment for initial and updated evaluations and have experience using the Denver Developmental Inventory, The Battelle Developmental Inventory, The Transdisciplinary Play Based Assessment and I am familiar with several speech and language and motor assessments. I was also responsible for writing evaluation reports, end of the year reports and goals specific to the child's needs.

*Saratoga Preschool*
*Saratoga, New York* ( September 1991-August 1992)

My experiences and responsibilities during this time were very similar to those at Beginnings. This teaching experience was also within a self contained classroom. I used a learning centers approach and again my interactions with speech, occupational and physical therapists were in a transdisciplinary model.

**ships**

S.U.N.Y Albany Pre-K Program, classroom teacher
School 14, Troy City Schools, elementary resource room teacher

**References available upon request**

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JENNIFER A. ROOT
23 ALOHA DRIVE
ENFIELD, CONNECTICUT 06082
(860) 745-9664
jennieroot@aol.com

## CAREER OBJECTIVE:

To work with individuals within their environment to provide support and assistance during a time of need. To enable the client to better him/her self through the use of social work theories and practice.

## EDUCATION:

SOUTHERN CONNECTICUT STATE UNIVERSITY
Bachelor of Science-Social Work

## PROFESSIONAL EXPERIENCE:

VETERENS MEMORIAL MEDICAL CENTER
Internship
Fall/Spring Semester 1997-1998
-provided psychosocial support to patients
-assessed patients needs and coordinated discharge plans

FELLOWSHIP HOUSE
Internship
Spring Semester 1997
-provided support to clients with mental illness
-developed programs to assist clients with socialization skills

WEST HAVEN HEAD START PROGRAM
Internship
Fall Semester 1996
-assisted teachers in implementing lesson plans
-provided support and education to preschool children during a time of transition

## WORK EXPERIENCE:

NEW ENGLAND BANK AND TRUST
Through Adecco temporary service
May 1998-Present
-input data regarding collateral and guarantors when bank merges
-contact insurance companies for updated policies on collateral for loans

SOUTHERN CONNECTICUT STATE UNIVERSITY
Student Worker
Spring 1994-Spring 1998
-assisted in booking and organizing musical and/or catered events on campus
-answered multiple phone lines and took messages in a busy office setting

SAWTEC, INC
Temporary as needed by Sawtec during semester breaks
June 1993-May 1998
-coordinated leads and sent out literature packets
-filed invoices and organized and counted inventory

## COLLEGE ACTIVITIES:

BEST BUDDIES PROGRAM
Southern Connecticut State University Chapter
College Director
-fostered relationships between college students and people with mental retardation
-coordinated group outings and monthly meeting

# APPENDIX B

# Curriculum Outline

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    - e. Teaching Procedures Overview
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        - Incidental Teaching
        - Mand-Model Procedure

    - g. Prompting Strategies
        - Least to Most
        - Graduated Guidance
        - Time Delay Procedure

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    b. Hearing Impairments
    c. Behavioral Challenges
    d. Physical or Health Disabilities

V. Generalization

VI. Data Collection

# APPENDIX C

# Play Tools for Toddlers Curriculum

The Social Competence Curriculum Project
Division of Child and Family Studies
Department of Pediatrics
UConn Health Center
Farmington, CT

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# The Play Tools for Toddlers Curriculum

## INTRODUCTION

The early childhood years are important for children as they learn how to play and interact with other children. It is a time when children move beyond relationships with their family and other adults and develop friendships with other children. During these early stages of social development children learn skills such as: how to share toys, take turns, interact verbally, and defend their belongings. These early interactions with other children are critical in setting the stage for more complex social development.

Young children with identified special needs and children at risk may have difficulties interacting with other children. Some of these difficulties may be directly related to their developmental delays. A lack of verbal skills, for example, makes it more difficult for a child to initiate play with other children. Motor impairments may impede a child's ability to manipulate toys. Furthermore, some children simply find it difficult to learn social rules and expectations.

Often times children with special needs do not have the opportunity to participate in typical age appropriate activities with children their own age. Lack of experiences in these groups can create additional social competence difficulties for these children. Children with special needs can benefit tremendously from a program which focuses on the development of skills which will aid them in their earliest social interactions with other children.

## WHO IS THE PLAY TOOLS FOR TODDLERS CURRICULUM FOR?

The Play Tools for Toddlers Curriculum is intended for toddlers between the ages of 18 months and 3 years with identified special needs or at risk of developmental delays. It is intended to be implemented in natural environments along with typically developing peers, such as integrated early childhood settings, community play groups, and home child care environments. The curriculum's primary goal is to promote the development of social skills in young children with special needs. For some young children this may first involve the development of appropriate play skills, a necessary component to social skill development. Since social skills develop in settings where children have opportunities to play and interact with other children, this curriculum was developed to be implemented in environments where children play and learn together. The curriculum focuses on the facilitation of social interactions between children during ongoing daily routines and activities through environmental arrangements, activity planning, and adult interventions.

The Play Tools for Toddlers Curriculum is divided into three major modules:

- Φ Module One: Assessment
- Φ Module Two: Program Planning
- Φ Module Three: Implementation

The Play Tools for Toddlers Curriculum is intended to be used in its entirety; beginning with the assessment phase that will provide valuable information to be used throughout the program planning and implementation phases.

## CURRICULUM CONTENT

The content of The Play Tools for Toddlers Curriculum is based on the hierarchical model of social competence development developed by Dr. Michael Guralnick (1990). The model assumes that for children to develop friendships and be socially competent they must learn and utilize three important social tasks:

- Φ Peer group entry
- Φ Conflict resolution
- Φ Maintaining play

These tasks require prerequisite skills that many young children do not have. Therefore, Guralnick's hierarchy of social skills development is divided into two levels. The first level (i.e., Section I: Involvement) focuses on early interaction skills such as playing with toys, simple interactions with other children, and the understanding of social rules. The impact of the child's overall development in the areas of language, cognition, affect, and motor development are also considered.

The second level of Guralnick's hierarchy (i.e., Section II: Social Strategies and Social Tasks) represents the child's ability to apply the social skills identified in Section I within the three major social tasks of peer group entry, conflict resolution, and maintaining play. To master these tasks a child must be able to organize, integrate, and sequence social skills within the context of an interaction. That is, the child must be able to recognize the play activity and decide whether or not to participate. If the child chooses to participate, he or she must then decide upon a strategy to join the play activity. If this first strategy does not work, the child must find an alternate group entry strategy or find another activity.

To assist parents and professionals in identifying the skills in this model, the Assessment of Peer Relations (APR) was developed. The APR helps to identify a child's social competency levels, using a developmental approach to assess a child's relationship with each other.

## CURRICULUM FORMAT

The Play Tools for Toddlers Curriculum was developed using a behavioral format. This format breaks down complex social skills into small, teachable steps. Using this format will ensure consistent teaching of social skills across a wide variety of environments. Becoming familiar with the following terms will make it easier to understand and implement The Play Tools for Toddlers Curriculum.

**Antecedent:** An antecedent is anything that happens before a particular event or behavior. Antecedents can be events that normally occur in an environment (e.g., a group of children beginning to play with blocks during free play). Antecedents can also be actual events or interventions (initiated by children or adults) that may increase the likelihood that a child will perform a specific behavior.
Example: The following is an example of a naturally occurring antecedent:
It is free playtime at a day care center. A group of three children begin to play with toy cars.
Example: The following is an example of an antecedent delivered by an adult:
Teacher approaches a child and models the behavior of getting a toy car and beginning to play with it.

**Behavior**: Behaviors refer to the measurable and observable events or activities.
Example: The child walks over to the group of children playing and watches them play.

**Consequence**: Consequences are events that immediately follow a behavior.
Example: The other children do not acknowledge the child's presence and continue to play.

**Alternative Consequence**: Alternative consequences are interventions that may be used if the original antecedent was not successful.
Example: An adult in the environment notices the situation and tells the child to get a toy car and join the other children.

**Data Collection Procedure**: This tells you how to record the child's behavior. Data collection is important in that it provides a way to document and measure a child's progress.
Example: The child's initial attempt at group entry would be recorded as unsuccessful (-), however, the child succeeded at his second attempt with verbal instructions (verbal prompt) and pointing (gestural prompt) by an adult (+ with verbal and gestural prompting).

## FAMILY-CENTERED PHILOSOPHY

The Play Tools for Toddlers Curriculum is firmly rooted in the principles of family-centered care. Family-centered care is a philosophy of care that recognizes that every child is part of a family. This philosophy respects the central role the family plays in the child's life. A child's social competence is most likely to be enhanced when professionals and families work together to determine social competency priorities and appropriate intervention strategies. Dunst and Trivette (1987, 1988, 1989) suggest the following beliefs and behaviors as essential for professionals to maintain a family-center focus:

1. A positive and proactive stance towards families.
2. Belief in the family's responsibility for solving problems and meeting their own needs.
3. Belief that all families have the capacity to understand, learn, and manage events in their lives.
4. Ability to build on family strengths, not try to "fix" deficits.
5. Ability to work with families in a proactive, anticipatory fashion (rather than waiting for things to go wrong before intervening).
6. Ability to teach families the competencies they need to better negotiate their family developmental course.
7. Ability to help families identify and prioritize their needs as they see them.
8. Ability to get active family participation as part of mobilizing resources.
9. Ability to use partnerships and parent-professional collaboration as the foundation for enhancing family strengths.
10. Ability to provide families with the information essential to make informed decisions.
11. Ability to accept and support decisions made by families.

## CURRICULUM DEVELOPMENT

Children are individuals who learn and develop at their own pace. Therefore, early childhood programs must be structured to meet the varying needs of all the children they serve. Focusing on children's strengths and needs will give rise to ways in which appropriate outcomes can be brought about within group and home settings. A curriculum helps to plan and prepare an individualized program for a child. Curricula are organized in sets of activities and experiences that are designed to achieve specific learning outcomes. Specifically, curricula outline the content to be taught and the methodology to be used. It is the framework by which early intervention teams (e.g., families, special educators, speech therapists, day care teachers) are able to meet the individual needs of children. A curriculum should also allow for planning of the child's growth and development within the group structure of a program.

A concept that has been applied to early childhood curriculum planning in recent years is that of "Developmentally Appropriate Practice" (Bredekamp, 1987). Developmentally appropriate programs are designed to meet the needs of individual children. The concept of developmental appropriateness has two components: **age appropriateness** and **individual appropriateness**.

**Age appropriateness**: Research indicates that there are predictable sequences of growth and change that occur in all areas of development. Knowledge of typical development of children in all areas is the framework from which teachers plan appropriate experiences and prepare the learning environment.

**Individual appropriateness**: Each child is a unique person. The curriculum and adults' interactions should be responsive to individual differences. Each child's experiences with peers, adults and learning materials (e.g., toys, books, and computers) should match the child's developing abilities, and expand his or her interest and understanding. A developmentally appropriate curriculum is planned to be appropriate for the age level of the child and stresses individual needs, interests, and developmental levels. In the design of The Play Tools for Toddlers Curriculum, the following developmentally appropriate guidelines have been utilized:

1. **Although the curriculum focuses on the area of social competence, all areas of development are addressed through an integrated approach in planning for each individual child.** Curriculum implementation views the child as "a whole person." Although a specific developmental delay may primarily effect one part of a child's development (e.g., vision), other areas are likely to be impacted. Therefore, the combination of goals is necessary to ensure a natural teaching setting and efficient teaching approach. For example, a child who has low muscle tone in the trunk area practices sitting with the physical therapist (motor) in order to improve muscle control. While the therapist is facilitating muscle control, the child can be playing with blocks with another child at the table (cognitive and social). In this situation, the child's motor, social, and cognitive development are being integrated into one activity rather than being treated in isolation. This approach is a positive change from past practices in special education when professionals concentrated solely on the

primary effects of a specific disability. This also proposes that a child's early intervention services (e.g., physical, occupational, speech therapies, and special education) be integrated into the learning environment.

2. **Curriculum goals and objectives should be taught in natural environments.** A child's outcomes and objectives should be implemented within the routines of the environment. Routines at home might be bathing, nap, and play; while routines in the day care might be arrival, free play, story time, snack, outdoor play, and departure. This process is called "**activity-based instruction**." Activity based instruction embeds the teaching of many skills during one routine/activity and the teaching of one skill across many routines/activities (Bricker & Cripe, 1992). This type of instruction uses logically occurring antecedents and consequences while developing functional and generalizable skills. For example, multiple outcomes for a child in the areas of motor, communication, and cognition can be taught along with social skills during a routine of free play such as bathing dolls at the water table. This activity can produce communication with another peer (e.g., "I want soap"), social skills (e.g., turn taking with the soap), motor skills (e.g., reaching and grasping for the soap or washcloth), and cognitive skills (e.g., finding something to dry the dolls).

3. **Curriculum planning should be based on the observations of those directly involved with the child (e.g., family, early intervention personnel, early childhood professionals, etc.). Curriculum goals and outcomes should be based on the ongoing assessment of a child's abilities, needs, and preferences.** This is true for both typical children and children with special needs. The Play Tools for Toddlers Curriculum is based on the individual needs of each child. These individual needs will be determined through observation and the completion of the Assessment of Peer Relations (APR), The Play Profile (described in Module Two of this curriculum), and other developmental assessments as needed. The individualized social competence outcomes and objectives for a child will be determined collaboratively by those directly involved with the child (e.g., family, early intervention personnel, day care providers) and will become the framework for the child's Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).

4. **Curriculum planning should emphasize learning as an interactive process.** Children learn through active "hands on" exploration and ongoing interactions with children and adults. Therefore, outcomes and objectives should be taught through activities that are child initiated and directed. The Play Profile (a strength-based assessment located in Module Two of this curriculum) will assist parents and professionals in identifying the child's interests, favorite activities, and toys.

5. **Curriculum planning should provide a wide range of interests, abilities, activities, and materials to increase the complexity and challenges for children and youth as they master the skills targeted by their goals and objectives.** As a child's social competence develops, their interest in certain types of games, play activities, and materials will change. Curriculum planning must take these ongoing changes into account. The Play Profile will assist team members in identifying each child's individual interests, abilities, and preferred activities for ongoing planning.

Included in module one of The Play Tools for Toddlers Curriculum is the assessment of a child as well as the assessment of the practices a program utilizes that encourage the development of social competence in young children. Because a child's social development is greatly affected by the adults in his or her environment, it is important for professionals to understand the impact their behavior has on a child's social development. The following questionnaire, The Social Competence Strategies Profile can provide an opportunity to assess the degree to which professionals use various social competence strategies in their daily interactions with young children. It should be completed honestly and prior to reading the rest of the curriculum.

## SOCIAL COMPETENCE STRATEGIES PROFILE FOR EARLY CHILDHOOD PROFESSIONALS

This inventory is an opportunity for early childhood professionals to assess the degree to which they use various social competency strategies. The items listed here some ways that social competence can be taught, increased, and/or facilitated. Please rate each item on a scale of 1 to 5 in terms of its overall importance (a score of 1 being of least importance and 5 of greatest importance). Then, please answer the question, "Does this occur in your program?" by circling "yes" or "no".

Name:__________________________________ Date:______________________

| Strategies | Not Important ← | | | → | Very important | Does this occur in your program? | |
|---|---|---|---|---|---|---|---|
| 1. Children play in relatively small, well-defined areas that are associated with specific play themes, activities, or materials. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 2. Toys that promote social interactions are present in play areas (e.g., blocks, balls, house and dolls, etc.) | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 3. Adults introduce play activities, specify children's roles, and suggest play ideas before children begin to play. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 4. Child's play group includes children with and without special needs. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 5. Adults provide filmed or videotaped models of social interaction. | 1 | 2 | 3 | 4 | 5 | Yes | No |

| Strategies | Not Important ← | | | → | Very important | Does this occur in your program? |
|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 6. | Adults read or tell stories that demonstrate appropriate social interactions. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 7. | Adults directly teach words that label children's emotions and feelings. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 8. | Children are taught to recognize or label their peers' emotional states (e.g., anger, happiness). | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 9. | Adults model or demonstrate social skills and concepts during structured group activities (e.g., group time, circle time). | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 10. | Children are taught specific social skills (e.g. sharing, turn-taking, initiating interactions) in structured group settings. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 11. | Adults praise children for demonstrating appropriate social skills or concepts during structured group activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 12. | Adults model or demonstrate social skills and concepts in free play activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |

| Strategies | Not Important ◄ | | | ► | Very important | Does this occur in your program? | |
|---|---|---|---|---|---|---|---|
| 13. Adults praise children for demonstrating appropriate social skills or concepts during free play activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 14. Children receive multiple opportunities to rehearse social skills in free play activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 15. Adults prompt groups of children to work or play cooperatively. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 16. Adults instruct peers in specific strategies for communicating with children with special needs. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 17. Adults prompt peers to suggest specific play activities to children with special needs during free play activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 18. Adults prompt peers to persist in their social interactions with children with special needs during free play activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 19. Adults prompt children with special needs to persist in social interactions with their peers during free play activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |

| Strategies | Not Important | ← | → | | Very important | Does this occur in your program? | |
|---|---|---|---|---|---|---|---|
| 20. Adults prompt peers to request materials from children with special needs during free play activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |
| 21. Adults praise peers for interacting with children with special needs during free play activities. | 1 | 2 | 3 | 4 | 5 | Yes | No |

* Adapted from: Odom, S., McConnell, S., & McEvoy, M. (1992). Social Competence of Young Children with Disabilities. Maryland: Brookes.

# MODULE ONE: ASSESSMENT

Before implementing The Play Tools for Toddlers Curriculum, a thorough assessment of the child's current social skills is necessary. The Assessment of Peer Relations (APR) uses a developmental approach to help assess a child's social skills. The APR is an assessment, based on observations of a child's behaviors. It is based on the belief that children need to master certain fundamental social tasks before they can learn more complex social tasks. The purpose of the APR is to organize observations of children in free play to identify the skills they currently have and those they need to learn. By using this information, an appropriate intervention plan can be developed.

The APR is divided into three sections. The first section (Section I), "Overview, Foundation Processes, and Developmental Issues," identifies a child's foundational social skills. It is used to observe and record the child's current level of social development. The second section (Section II), "Social Strategies and Social Tasks", looks at the child's strategies for pursuing more complex social tasks, like joining other children in play groups or resolving conflicts with other children. The third section (Section III), "Processes", explores the complex foundational processes that may effect a child's social development.

## THE APR AND SOCIAL DEVELOPMENT

The APR is based on the idea that in order to be socially competent and make friends, children need to master three social tasks:

- Peer group entry
- Conflict resolution
- Maintaining play

These tasks, however, require a level of social development that some children have not acquired. In these cases, we must look more closely at what skills are needed for the child's continued social development. For example, if a child is already interacting with other children you may assume that he or she has mastered all of the fundamental social skills found in Section I of the APR. However, this may not be the case. Instead, the child may have an incomplete understanding of these skills or may have mastered only some of these skills.

It is important for a child to have a solid foundation of all of the basic skills in Section I of the APR before moving on to the more challenging social tasks located in Section II of the APR. If, on the other hand, the child you are focusing on does not appear to have reached the point of approaching the social tasks in Section II, it is still important to familiarize yourself with Section II. Since the tasks found in Section II of the APR, such as conflict resolution and peer group entry, may arise even if the child is still mastering the less complex social skills found in Section I.

## THE PLAY PROFILE

The APR will provide the team with a thorough understanding of a child's social development, however, it does not assess a child's unique preferences and interests. This information is vital to the development of an effective intervention program since effective intervention planning must take into consideration a child's needs as well as preferences and strengths. **The Play Profile** is an assessment tool that can be completed by both parents and professionals to summarize a child's overall strengths and abilities. This information is then utilized along with the APR, The Play Tools for Toddlers Curriculum, and other assessment tools as needed to develop an individualized curriculum to enhance a child's ability to play and interact with other children.

The Play Profile should be completed by all persons who are familiar with the child (e.g., family members, early interventionists, child care providers, etc.). This is essential since the child may have a favorite toy at home that may enhance social interactions in the classroom. The information obtained from the APR, The Play Profile, and other appropriate assessments can then be used in Module Two: Intervention Planning.
The Play Profile is an assessment tool that assists both professionals and parents in identifying a child's strengths and preferences. These strengths are then utilized along with the APR (Assessment of Peer Relations) and The Play Tools for Toddlers Curriculum to

develop individualized goals and outcomes that will enhance a child's ability to play with other children.

The Play Profile is designed to identify a child's primary areas of interest in both home and group environments. It consists of a series of comprehensive questions to help parents and professionals develop specific interventions to enhance a child's social development.

Child's Name: ______________________________ Age: ______ Date of Birth: ____________

Person Completing Profile: _________________________ Date: __________________

Relationship to Child: ___________________________________________________

### Toys and Materials

1. Is there a toy or specific object that the child prefers?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

2. Is there a type of toy that the child prefers? (e.g., soft toys such as stuffed animals, building materials such as blocks, toys that make sounds, books, water/sand table, art materials such as Playdough)?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

3. Does the child like to look at books? If so, does the child have a favorite book?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

4. Is there a specific item that the child brings to the program on a consistent basis?

5. How long does the child usually play with a toy alone?

6. How long does the child usually play with a toy with other children?

### Themes and Activities

7. Is there a specific area in the room where the child prefers to play (e.g., kitchen/home area, water/sand table area)?

8. During what activities is the child most at ease (e.g., at circle time, free play)?

9. How long does the child usually play in an activity alone?

10. What activity holds the child's attention longest?

11. How long does the child usually play in an activity with other children?

12. Does the child participate in a series of activities that represent a theme such as shopping or cooking? If so, does the child have a favorite theme?

### Interaction Skills

13. How often does the child initiate contact with other children?

14. Does the child have preferred playmate(s) at home, at school, or at play group (even if he/she only observes the child or plays next to the child)?

15. How often does the child initiate contact with adults?

16. Does the child have a favorite adult that he or she consistently asks to play with him/her?

17. Is there a friend that often asks the child to play?

18. How often does the child respond to a friend's request to play?

19. List any playmates that respond positively (e.g., play with, smile, share materials) to the child's initiations:

20. For future grouping purposes, list any playmates that have more developed social skills than the child:

21. What is the maximum number of children in a group that the child will approach in a social setting?

22. When the child is playing, does he or she take turns with his/her playmates?

23. When the child is playing does he/she share with other children?

24. When the child is playing, does he/she appear to understand the sequence of common themes (e.g., cooking, shopping)?

**Environmental Factors**

25. Is there a time of day that the child prefers (is at his/her "best")?

26. Does the child enjoy listening to music? Does he/she have a favorite song or style of music?

27. How would you describe the child's overall activity level (under active, normal, hyperactive)?

28. Does the child do better in a quiet or busy environment?

29. Does the child take a nap on a regular basis? If so, when?

## Goals

30. What social goals would you like the child to achieve within the next year?

# MODULE TWO: INTERVENTION PLANNING

The Assessment of Peer Relations (APR) and The Play Profile can be used to assist in the development of a child's Individualized Family Service Plan (IFSP), which outlines the goals and outcomes for intervention. The challenge of planning any intervention program is in synthesizing the vast array of information gathered from various assessments, interviews, and observations. **The Intervention Planning Form** can help to bridge the gap between assessment and intervention. The Intervention Planning Form provides the team with a systematic way of summarizing assessment information from the APR, The Play Profile, and other assessment sources. The Intervention Planning Form can assist team members in developing the most appropriate goals, outcomes, and strategies necessary to maximize a child's overall social competency development.

The Intervention Planning Form is divided into two pages. The first page corresponds to Section I of the APR. The second page corresponds to the social skills found in Section II of the APR. The first column along the left margin asks the team to summarize all information obtained during the assessment phase using the following headings: strengths, concerns, communication skills, mobility skills, priority IFSP goals, and materials/strategies/adaptations. Each of these headings will be defined briefly below.

**Strengths**: This area asks the team to summarize the child's strengths as they relate to each area of the APR. It is of utmost importance when planning intervention programs to identify and build upon a child's strengths. By identifying a child's social competency strengths and utilizing them in intervention planning, a "deficit oriented" program can be avoided.

**Concerns**: This area is provided to help summarize the child's needs across each area identified in the APR. It is important to identify a child's needs across all areas of the APR with the understanding that the foundational social skills identified in Section I of the APR are necessary for the child to be successful with the more complex levels of social development found in Section II.

**Communication and Mobility Skills**: These areas ask the team to consider how the child's developmental delays may impact their social skill development. For example, a child with a physical disability may have limited mobility skills and therefore have fewer opportunities to initiate entry into play groups. Children with communication related disabilities may have difficulties communicating what they have planned while playing with other children.

**Priority IFSP Goals**: This area asks the team to identify priority IFSP goals that will enhance the child's social competence development. These goals should be identified collaboratively by the team. IFSP goals should build upon the child's strengths and not focus solely on a child's needs or deficits.

**Materials/Strategies/Adaptations**: This final section summarizes the team's ideas for intervention planning for each identified IFSP goal. Strategies (e.g., teaching methodologies), adaptations (e.g., environmental adaptations, adaptations to specific toys), materials (e.g., preferred toys, books), and selected activities (e.g., at group during free play, at home before dinner) should be identified for each IFSP goal identified.

# Play Tools for Toddlers
# Intervention Planning Form

Child's Name:________________________ Date:____________ Date of Birth:________________

Person(s) Completing Form: ________________________________________________________

## Areas of Social Competency (APR Section I)

| | **Involvement** | **Initiations** | **Shared Understanding** |
|---|---|---|---|
| **Strengths** | | | |
| **Concerns** | | | |
| **Communication Mode** | | | |
| **Mobility Skills** | | | |
| **Priority IFSP Goals?** | | | |
| **Materials/ Strategies/ Adaptations** | | | |

# Play Tools for Toddlers
# Intervention Planning Form

## Areas of Social Competency (APR Section II)

| | Peer Group Entry | Conflict Resolution | Maintaining Play |
|---|---|---|---|
| **Strengths** | | | |
| **Concerns** | | | |
| **Communication Mode** | | | |
| **Mobility Skills** | | | |
| **Priority IFSP Goals?** | | | |
| **Materials/ Strategies/ Adaptations** | | | |

## DEVELOPMENT OF INTERVENTION OUTCOMES

Using the Intervention Planning Form will result in the identification of priority outcomes that are important for children and their families. The next step is for parents, early interventionists, and other professionals to meet to develop intervention outcomes and strategies for the IFSP. These outcomes and strategies should be clearly written to meet legal requirements and to be understandable to all team members, including the family. Although the focus of this curriculum is in the area of social competence, it is also understood that development of any good intervention program must integrate all developmental areas across settings and must be functional. Development in all domains impacts social skills greatly and therefore, the integration of all developmental areas must be considered as part of a program to improve social competence.

**Long term outcomes** are generally broad in scope and address outcomes that set the direction for intervention over the course of several months to a year. However, they are typically ***not*** specific enough for short term planning so they are broken down into **short term objectives**. Short term objectives are often determined by identifying the skills that are necessary to reach the long term goal.

The style in which objectives are written is extremely important since the objectives determine the course of intervention and the manner in which intervention is evaluated. Objectives should have purpose, meaning, and function for the child for whom they are written. They should be clearly stated and contain the following three components:

1. **Behavior the child is expected to perform**. Behaviors are observable and measurable. They contain action words such as takes, puts, reaches, and walks. The behaviors should be stated in terms that are clear enough for professionals and families to determine if the child has attained the skill.

2. **Conditions under which the behavior is expected to occur**. Conditions can include the amount and type of assistance a child may need, the materials used, adaptive or assistive equipment needed and the settings in which the behavior is to be performed.

The conditions should be realistic while allowing the child to perform the skill as independently as possible and in the settings in which they are expected to use the skill. One way to determine the settings in which a skill can be implemented is through the use of **The Activity - Outcomes Matrix** which is discussed later in this module.

3. **Criteria for achievement**. Criteria state how well or to what level the child must perform the behavior before it is considered sufficient. Criteria vary depending on the skill. They are stated in frequency (e.g., "initiate interaction with another child two times during free play"), duration (e.g., "plays independently for 5 minutes"), or rate (e.g., "eats complete meal in less than thirty minutes"). The criteria must reflect the level at which the child is able to perform a skill in a functional and usable manner.

The following are examples of appropriately written IFSP objectives:

Φ Emily will initiate at least one verbal request to join another child in an ongoing activity during free play period over three days with two different children.

Φ Emily will engage in play with one or more children for a minimum of five minutes on three consecutive days.

In addition to how IFSP outcomes and objectives are written, Bailey and Wolery (1989) suggest that the IFSP team consider the following issues when selecting and writing outcomes and objectives:

**Objectives should be functional**. Objectives should have immediate usefulness for the child or lead to more advanced skills. To determine the functionality of a skill we can use the following criteria:

Φ The skill is important to and valued by both the family and society.

Φ The skill fosters the child's independence in the present environment or facilitates movement to the next environment.

**Objectives should be realistic and achievable**. Objectives provide a focus for instruction and their attainment is an indicator of success. It is important for both the family and child that the goals set are objectives that are realistic and attainable. This can be achieved by generating goals as a team, looking at the child's previous record of progress, and by using appropriate assessment tools.

**Objectives should benefit the child.** Objectives should not be written for the convenience of the team members or the program. Objectives should be based on the needs of the child.

**Objectives should address all phases of learning, including acquisition, fluency building, generalization, maintenance, and adaptation.** These are defined below:

**Acquisition:** Acquisition is actually teaching a child how to perform a skill. The focus here is on the child performing a skill accurately. The child may not be able to perform the skill quickly or across environments.

**Fluency-building:** Fluency building addresses teaching a child to perform a skill at a natural rate or for longer periods of time. For example, objectives may be selected that focus on fluency building when we want to work on decreasing the length of time it may take a child to respond (latency) or increasing the amount of time a child stays at a task (duration).

**Generalization:** Generalization refers to teaching a child to perform a task under a variety of conditions. It is important that the child performs tasks with many different people, using a variety of appropriate materials across different environments.

**Maintenance:** The desired outcome for all objectives is for the child to "maintain" an appropriate level of performance for a particular skill even after the instruction has stopped.

**Adaptation:** Objectives for this phase of learning focus on the "function" of a behavior and teaching the child to "adapt" or modify skills to meet changing conditions. During this phase of learning, the child actually learns to adapt a behavior to solve a new problem.

**Objectives should emphasize chronologically age appropriate behaviors**. The aim of the team is to ensure that the child is successful and as independent as possible in the mainstream of life. In order for this to occur, it is important to use activities, materials, and environments which are as close as possible to those used by typically developing children.

**All areas of development should be integrated**. As stated above, since other areas of development greatly impact social skills, a curriculum should utilize an integrated approach to improve social competence. For example, a child may be extremely interested in joining other children in group play, but may not have the mobility to independently join them. A goal for this child might integrate the motor area with social competence so that the child is able to independently join a group of children in play.

# Intervention Strategies

As previously stated in this manual, the goal of The Play Tools for Toddlers Curriculum is to maximize childrens' interactions with other children. At this point, you should have identified specific objectives to work towards that goal. This section will focus on how to teach those skills that will help children become more socially competent. This section addresses strategies and procedures that will help to facilitate the long range goal of maximizing a child's interactions with other children. Intervention strategies and teaching procedures include the physical environment, routines and activities, materials, teaching procedures, adaptations, generalization, data collection, strategies that facilitate learning, and determining times of the day and specific activities within which teaching will occur.

## THE PHYSICAL ENVIRONMENT

The physical environment consists of the arrangement of space, materials, and equipment. A well planned physical environment helps all children learn better and function more independently. Good organization helps maintain order, invites children to learn and play, and gives a sense of security. When children are able to function independently within their environment, their self-esteem is enhanced. The following recommendations are given for enhancing the physical environment of an early childhood room to promote independence, learning, and social interactions between children.

**Create interest centers which actively promote individual learning, growth, and the development of young children**. These centers should allow for a range of skills which present challenges to children at every level and encourage the use of newly developing skills. Changing interest centers periodically can help to keep children motivated. Interest centers can include experiences for children in the following areas: music and dramatic play, block play, art, sensory play, gross motor, fine motor, and books.

**Consider the use of space from the "child's eye view"; encourage children to work on different levels (e.g., sitting, crouching, kneeling, or standing).** Avoid over stimulation by storing materials in closed cabinets or in neutral bins.

**Access to all parts of the learning environment must be provided for children with physical disabilities.** Accessibility creates opportunities for children to interact with each other and with their environment. Special attention should be given to ensure that children who use wheelchairs or other forms of assistive technology can move freely around their environment. Other areas of concern include ensuring that the child can independently access materials and supplies in the room, as well as the appropriate placement for positioning of equipment.

The physical environment can also be organized to enhance children's learning, independence, and social interactions. The following are suggestions for each of these areas.

**Structuring the Physical Environment to:**

Promote learning:

1. Set up activities with sets of materials for small groups and pairs of children to use (e.g., several trays of water pouring equipment).
2. Provide places where children can observe peers playing and using materials. Place individual chairs in corners, just outside dividers, or across a pathway from several activity areas. Use dividers so children can see, but feel protected. Use a high wooden divider with windows cut into it for the housekeeping area or other high-activity areas.
3. To promote use of materials, set up a special activity on a small table near a toy or in another high-visibility area. Provide solid-color cloths or rugs to set off materials on tables or the floor. Use solid colors on walls, dividers, and furniture so materials are more visible.
4. Arrange materials to encourage use. Sometimes set out a few pieces of an item or make a simple model for children to see how materials can be used. Occasionally leave a table empty so that children must select materials from shelves.
5. Keep lower or less visible shelves for "old friends" that children may wish to re-use from time to time. Have a cupboard for favorite toys that children may take out when they want to. Labeling the shelf with pictures will ensure that children know where materials belong.

Promote independence:

1. Use pictures, silhouettes, or actual outlines to show where to keep different kinds of materials. Provide separate bins, shelves, or other storage for each kind of material, such as hats, shoes, bags, etc.
2. Place materials on low, open shelves where children can help themselves. Use sturdy boxes or outlines on heavy paper placed on the floor to provide more storage. Hang appropriate items on pegboard or wall hooks.
3. Be sure fountains, toilets, and sinks are accessible.

Promote social interactions:

1. Provide enough space for social and parallel play. Combine work or play areas (e.g., blocks and symbolic play) while keeping materials on separate shelving. To provide more room, rotate activities such as large blocks and dramatic play or art and science.
2. Promote the pairing of children. Provide small tables or work areas with only two chairs. Use special (high-attraction) toys. Think about pairing children so that one might be a role model for the other. Consider pairing children who play well together.
3. Frequently provide materials which require two or more players. Use a checklist when planning to assure that some materials encourage interaction with peers. Try to provide especially interesting or attractive materials in these areas.
4. Arrange the environment so caregivers can play a mediating role in children's play. Make areas and tables physically accessible to "big people" by providing ample entry room, sturdy chairs, and plenty of floor room. Assign one adult on a team to be a "floater" with a specific assignment to promote social interactions in play.

Help manage children's behavior:

1. Provide visibly clear boundaries for different activity areas. Use furniture, colored tape, area rugs, and low "fences" to supplement regular room dividers. Walk children through the classroom environment to show them where each area is located and defined.
2. Provide plenty of room for each child during table activities. Place tables in pairs so they can be pulled together if more space is needed for an activity.
3. If necessary, limit the use of materials to a certain number of children.

## ROUTINES AND ACTIVITIES

Another element of creating an environment to facilitate children's social interactions is an appropriate schedule with routines and activities. The program schedule will be the foundation for all other planning and therefore, much time and thought should go into the schedules development. All routines and activities of the schedule should be considered as possible times for teaching and facilitating skills in each of the developmental areas. Individual planning for a specific child's activities can be accomplished through information gleaned from the APR, The Play Profile, and the Intervention Planning Form. The following are some general guidelines that are also helpful when planning an overall program schedule for toddlers.

Φ Offer a balance between active times and quieter times.

Φ Allow plenty of time for daily routines such as toileting and dressing.

Φ Adapt daily routines to meet the individual needs of each child.

### Routines

Routines are events that are completed on a regular basis during the group schedule. Many routines involve caring for basic needs such as eating, toileting, bathing, dressing, and undressing. Other routines include such things as clean up, transitions, and arriving and departing from class. Routines, as well as scheduled activities, can be times for teaching young children independence and interaction skills. Often times, routine tasks are thought to be best completed by adults, yet when completed in this manner, rich teaching opportunities are lost. For example, snack time is often thought of as a time for children to receive nourishment only. However, if teachers allowed children to participate in setting the table, passing out food, choosing the food they want, sharing with a peer, and so forth, many skills could be practiced during this daily routine. Bailey and Wolery (1992) suggest three guidelines for conducting routines:

1. To the extent possible, children should perform routines independently.
2. Routines should be used for teaching skills.
3. When appropriate, routines should involve interaction rather than mechanical completion.

### Activities

In addition to daily routines, early childhood programs must provide a variety of age appropriate activities. These activities may vary in structure and formality from being highly structured and formal to very unstructured and informal. A good program provides a balance between these two extremes. Formal activities tend to be more teacher initiated and directed with children as passive respondents. Circle time and small group instruction are examples of activities which tend to be structured. Unstructured activities are generally initiated by children with little teacher direction. In such activities, children are more apt to be able to choose what they will do and how they will do it. Activities that lend themselves to being more unstructured are such things as free play, outdoor play, and activity center time. As one might expect, activities that are less formal and structured tend to promote greater interactions between children. However, during these low structure activities, increased social interactions are likely to occur if the teacher sets some ground rules, identifies themes of play, and assigns roles (DeKlyen & Odom, 1989). Whether the activities are structured or unstructured, the goal is to design each activity as an opportunity for children to learn.

The Play Tools for Toddlers Curriculum is designed to be implemented in an activity based approach. Using an activity based approach, the child's social competence goals as well as the goals from other curricular domains, are taught across the routines and activities of the early childhood program. Activity-based instruction embeds the teaching of many skills across routines and activities (Bricker & Cripe, 1992). Therefore, activities should be developed with the overall needs of each of the children within the classroom in mind and should be adapted as necessary to meet each child's individual needs. For example, a goal for one child during free play may be to engage in a variety of dramatic play routines with other children. For another child, the goal during free play might be to learn to play with simple toys in a purposeful, meaningful way. In order for both of these children to reach these goals, they may also need to work on motor and communication skills that are impeding their ability to interact appropriately with toys and peers. One free play activity could meet the needs of both of these children if it is planned and adapted appropriately. Listed below are some general suggestions for implementing activities for toddlers.

**The curriculum activities should be implemented across staff in the early childhood setting**. The educational team for the toddler (e.g., family, early interventionists, and other professionals) should stress collaboration on the implementation of curriculum outcomes and objectives for the benefit of the "whole" child. That is, social competence objectives should be targeted throughout daily activities by all of the early childhood staff. For example, if an occupational therapist is working on wrist rotation, she can use the sand table as an activity to practice this skill. At the same time she can facilitate social interactions at the target child's level with other children playing at the sand table.

**Routines should provide a balance between child initiated, routine, and planned activities**. Routines should provide opportunities to facilitate the objectives of all of the children in the program. They should also follow developmentally appropriate practices by providing a balance between active and quiet activities.

**Activities should be meaningful to children and provide opportunities for hands on learning.** If children are not motivated or interested in an activity, learning through the activity is less likely to occur.

**Activities should be child initiated and directed.** Activities become less interesting to children when they are primarily directed by adults and require a great deal of adult intervention. Therefore, it is important to allow children to participate in an activity at a level which allows them the greatest independence. It is also important to keep activities to the length of time appropriate for toddler-age children.

**Children may be more engaged in an activity when the focus of the activity is on the process rather than the outcome or product.** For example, when working on an art activity such as painting a butterfly, it is important to allow each child to work at the level of his or her ability rather than trying to have each child's butterfly look the same. Some children may paint lines rather than dots or use blue instead of red. The focus needs to be on how the child participates in the art activity rather than on the product itself. Table 1 lists some strategies for implementing instruction during daily routines and activities.

**Table 1. Strategies for implementing instruction during daily routines and activities**

| Guidelines for Preparing and Presenting Activities in the Context of Daily Routines and Activities |
|---|
| 1. Try the activity before presenting it to the children. |
| 2. Identify goals for the activity. |
| 3. Make sure all the physical equipment is present. |
| 4. Modify the activity if necessary to meet the needs of each child. |
| 5. Arrange parts of the activity for easy distribution. |

6. Explain the activity as simply as possible.

7. Interact with all the children when the activity has started.

8. Allow children the opportunity to make choices.

9. Encourage children to interact with each other.

10. Focus on the development of functional behaviors.

Note: Adapted from Mayesky, M. "Creative Activities for Young Children" (1990). In M. Mayesky (Eds.) Planning and Implementing Creative Activities for Young Children (p. 53). Albany, NY: Delmar Publishers Inc.

The benefits of integrating a child's outcomes and objectives within naturally occurring routines and activities have been outlined by Cripe, Slentz, and Bricker (1993) and are listed below:

1. **Children have the opportunity to practice skills in natural settings which leads to more relevant antecedents and consequences**. If a child's goal is to practice sharing, adults can facilitate that skill during activities when it naturally needs to happen, as opposed to setting up contrived situations.

2. **Children have the opportunity to practice skills across the day in many different activities, as opposed to massed trials in one activity**. Using the goal of sharing, there are many routines and activities during which a child may need to share toys and materials. When the intervention team takes advantage of the times during these activities to facilitate sharing, the child will have many opportunities dispersed throughout the day to practice this skill. The likelihood of the child learning to share when taught in this manner is far greater than if they were to work on it in massed trials once per day. There is also a greater likelihood of maintaining and generalizing the skill when taught in this manner.

3. **Targeting skills in daily activities and routines keeps objectives functional for the child**. Skills that cannot be taught in typical daily activities are probably not skills that a young child needs to learn. The goal of The Play Tools for Toddlers Curriculum is to teach functional skills that encourage a child to interact with peers in everyday activities. Using an activity-based approach to instruction will help to achieve this goal.

4. **Activity-based instruction can be used with a group of children functioning at a variety of levels**. The Play Tools for Toddlers Curriculum is developed for children to have opportunities to play and interact with their peers. The availability of role models is essential in developing appropriate social skills.

To implement an activity-based instruction approach, The Play Tools for Toddlers Curriculum utilizes a matrix on which the program routines are identified on one side and the targeted outcomes are written into corresponding activities and routines. The matrix depicts visually an integrated approach to implementing objectives across domains into functional daily activities.

# Activity - Outcomes Matrix Form

Child's Name: ______________________________

Date of Birth: ______________________________

**Daily Routine**

| **IFSP Outcomes** | | | | |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

The following are suggested activities appropriate for the facilitation of social competence skills in toddlers. These descriptions and implementation suggestions are taken from "Making Friends" (Department of National Health & Welfare, 1992), a social integration video based on the Assessment of Peer Relations.

## STRUCTURING ROUTINES AND ACTIVITIES TO PROMOTE A SENSE OF OWNERSHIP

Understanding that something belongs to oneself is a critical component of social development. Unless one understands that he or she has a right to an object, learning to share and take turns becomes difficult if not impossible to achieve. Ownership may be better understood by some children at home than in a group setting where toys and objects are constantly being shared. This concept can be introduced in a program setting by early interventionists in the following ways:

Φ Start by having children bring their own possessions to a program. Teach children that for a child to use an object, they have to ask permission of the "owner" of that object.

Φ Reinforce ownership by pointing out personal items that belong to specific children. This can be done as a specific activity or throughout daily activities.

Φ Activities can be organized in such a way that children who do not understand the concept of ownership sit in close proximity to children who do understand ownership. In this way their materials can be separate and more clearly defined. Some additional shared materials can be left in the center of the table so eventually children can work towards greater sharing of materials.

## ACTIVITIES THAT PROMOTE TURN TAKING

A child's inability to take turns can be due to the fact that the child does not understand the rules or that the child understands the rules but is not able to regulate his or her emotions. In either case, if turn taking is not occurring, activities need to be planned where rules are promoted. A good way to promote turn taking is to facilitate turn taking in small group activities with no more than 4-5 children. This cuts down on the amount of time children have to wait for their turn.

## ACTIVITIES THAT PROMOTE THEMES AND ROLES

Understanding play themes is the foundation for children to be able to join in play with others. The following strategies can be used to teach children about play themes and roles:

- Provide opportunities for children to practice using props through games and songs. Props such as dress up clothes or housekeeping equipment that are used in the pretend play area can be introduced during circle time, in a song, or in play at circle time. In this manner the prop can be explained to children at their level.
- Develop real experiences with children that can later be re-enacted through play. For example, a cooking activity can occur as a part of snack. Use real utensils and equipment. Later that same day encourage the children to pretend in the housekeeping area that they are cooking with the same utensils.
- Field trips can be used as a building block for creating situations that can be reenacted in the program. Trips to the grocery store, library, fire station, zoo, and so forth can be used to provide children with the scripts they need to transfer these experiences to play. In some situations, children may need additional prompting such as modeling and verbal cues to re-enact the script with other children in his or her program.

## MATERIALS

Choice of toys and materials can also have an effect on the interactions between children. When developing activities in which social interactions will be facilitated, it is important to consider using materials which inherently encourage interactions between children and/or using them in such a way that will facilitate these interactions. For instance, a sand or water table is a piece of equipment which naturally invites more than one child to play with it; a puzzle does not. However, if an adult puts out some Play-Doh for two children to play with, it has a greater value for increasing social interactions. Some suggestions for choosing materials to increase social interactions follow.

- When targeting a specific child, choose materials that are especially motivating to them.
- Rotate toys in the room so novel toys are introduced occasionally. Children lose interest in toys they have access to on a daily basis.
- Be aware that some toys have inherently higher social value than others.

**Table 2. Play materials listed by their inherent social value.**

| **Play Materials of High and Low Social Value** | |
|---|---|
| **High Social Value** | **Low Social Value** |
| Balls | Beads |
| Blocks | Blackboard |

| | |
|---|---|
| Books | Toy Animals |
| Checkers | Clay and Play-Doh |
| Cutting Paper | Dolls |
| Dolls/Doll Corner | Gyroscope |
| Dress-up Clothes | Paint and Painting |
| Hollow Blocks | Paper and Pencils |
| House Corner | Parquetry |
| House and Dolls | Plasticine |
| Kiddie-Kar | Pull Toys |
| Kitchen Play Equipment | Puzzles |
| Parallel Bars | Scissors |
| Pick-up Sticks | Shape Templates |
| Playing Cards | Tinker Toys |
| Puppets | |
| Record Players | |
| Sand/Water Play | |
| See-Saw | |
| Trucks/Wagons/Trains | |

Note: Adapted from S.L. Odom and P.S. Strain (1984). "Classroom-based Social Skills Instruction for Severely Handicapped Preschool Children," Topics in Early Childhood Special Education, 4(3), p 102.

The following table provides additional strategies that may be helpful in determining intervention strategies.

**Table 3.**

| Potential Intervention Strategies |
|---|
| 1. Structure the physical space and provide toys and materials that promote play, engagement, and learning. |
| 2. Structure the social dimension of the environment to include models and proximity to peers and responsive adults to increase engagement, interaction, and learning. |
| 3. Use children's preferences for particular materials and activities to promote engagement and learning. |
| 4. Structure routines using violation of expectancy (e.g., moving things in the environment so that children have to ask for them, giving a child the wrong item for an activity so that they must ask for the right item, etc.), naturalistic time delay, and transition-based teaching to promote interaction and learning. |
| 5. Use structured play activities to promote interactions, communication, and acquisition and use of specific skills. |
| 6. Use peer-mediated strategies (e.g., providing specific training to peers) to promote social and communicative behavior in target children. |
| 7. Use naturalistic or milieu teaching strategies (e.g., models, expansions, incidental teaching, mand-model procedure, naturalistic time delay) to promote communication and social skills. |
| 8. Use response prompting procedures (e.g., most-to-least prompting, graduated guidance, system of least prompts, simultaneous prompting, progressive time delay, constant time delay) to ensure acquisition and use of specific skills from a number of domains. |
| 9. Use stimulus modifications (e.g., stimulus shaping, stimulus fading, and superimposition) to promote acquisition of specific skills from a number of domains. |

Note: Bailey, D.B. & Wolery, M. (1992). Strategies for intervention: Teaching procedures and options. In D.B. Bailey & M. Wolery (Eds.), Teaching Infants and Preschoolers with Handicaps (pp. 176). New York: Macmillan Publishing Co.

## TEACHING PROCEDURES

In addition to providing a format for when skills will be taught, specific teaching strategies are inherent in the principle of activity-based instruction. An activity-based instructional approach capitalizes on the child's interests, preferences, and actions by placing an emphasis on the child's initiations. These approaches are intended to encourage the acquisition of generalizable and functional skills (Mulligan, Guess, Holvoet, & Brown, 1980). The Play Tools for Toddlers Curriculum utilizes an approach in planning activities where children can choose to participate in activities based on their interests. The belief being that children will engage for longer periods in activities that motivate and interest them. This approach also takes advantage of naturally occurring events (antecedents and consequences) inherent in activities.

By facilitating skill development through the use of functional activities that children choose, artificial consequences are not necessary. For instance, a child may work on a target skill such as the ability to take turns with another child. Based on the information gleaned from the assessment process (the APR and The Play Profile), it was clear that this child prefers small group activities and likes to play with balls. The intervention strategy for this child could be one in which a small group game using a ball was offered as a choice. Taking turns could easily be facilitated during a game where children were encouraged to roll or throw a ball to each other. It should be noted that allowing children to engage in preferred activities does not mean there will be times that children are expected to participate in routines or activities they do not prefer. However, it is important to allow children as many choices as possible using preferred materials, activities, and playmates.

Adults play an important role in children's skill development. Until now, we have mainly considered the manipulation of a child's physical environment as a means to enhance a child's social competence. Adults must also be aware of appropriate teaching strategies which serve to enhance a toddler's skill development. Each child's needs regarding types and levels of assistance must be considered individually. Adults must be able to achieve that delicate balance between instructing children directly, yet also allowing them ample opportunities to interact with materials and other children in their environment without adult intervention. **It is crucial to remember that in the implementation of The Play Tools for Toddlers Curriculum, children must be allowed to interact with other children with a minimal amount of adult facilitation**. Too often children miss opportunities to interact with other children because there is too much adult intervention. An adult-child ratio of approximately 1:4 is usually adequate to provide necessary support for children without interfering in their interactions. However, each individual situation must be judged accordingly.

Keeping this in mind, let us now return to the role of the adult in the skill development of toddlers. The most efficient teaching procedures minimize errors. Errorless learning entails arranging the environment and presentation of tasks to ensure correct responses. Eventually the level of intervention is reduced so the child is responding to a naturally occurring situation. Examples of errorless learning can be found in the teaching procedures provided for all of the skill sequences identified in this curriculum. These suggested "alternative consequences", prevent a child from making an error during the activity. These examples are all forms of errorless learning in that they provide a high level of teacher assistance so the child can experience success in each learning situation.

However, it should be noted that for each alternative consequence provided in this curriculum, there are many other alternative consequences. For example, if two children are in the middle of a conflict over a toy, an adult may physically intervene by giving the toy to one child and telling both children they have to share the toy. The adult may also tell the children what they should do or perhaps suggest they have a problem and ask them to come up with a solution. All of these responses are variations of alternative consequences; listed from the most intrusive to the least intrusive (on the part of the intervening adult). It should also be noted that the more intrusive the adult is in solving the children's conflict, the more passive the children will become. Let's look at two additional examples of adult responses: one regarding a skill from Section I of the APR (asking another child for help) and another example of a skill from Section II of the APR (conflict resolution). Varying levels of adult interventions will be plotted along a continuum depicting the adult's level of support in the interaction. The child's level of participation in the interaction will also be plotted along the same continuum. As you review these two examples, note how the child's level of participation increases as the adult's level of support decreases.

**Scenario**: A small group of children seated at a table are beginning to play with Playdough. One of the children is having difficulty getting the lid off of his can of Playdough.

**Level of Adult Support**

HIGH ................................................................................................ LOW

| | | |
|---|---|---|
| Teacher takes the lid off for child. | Teacher suggests that child asks another child for help. | Teacher waits to see if child can resolve the problem by himself. |

### Level of Child Participation

**LOW** ........................................ **HIGH**

| | | |
|---|---|---|
| Child watches teacher remove the lid. | Child decides to ask another child for help. | Child asks another child for help. |

**Scenario**: A child enters the "dress up area" during free play time. She places a hat on her head. Another child comes over and takes the child's hat without asking permission.

### Level of Adult Support

**HIGH** ........................................ **LOW**

| | | | |
|---|---|---|---|
| Teacher takes the hat away from the second child, returns it to the first child. | Teacher tells the child to give the hat back to the first child. | Teacher provides children with choice of solutions (take turns with the hat, get another hat). | Teacher waits to see if children can resolve the conflict themselves. |

### Level of Child Participation

**LOW** ........................................ **HIGH**

| | | | |
|---|---|---|---|
| Children are passive. | Child follows teacher's directions. | Children select a solution together. | Children resolve conflict by themselves. |

There are a number of important conclusions that can be made from the previous two examples. First, there are many ways an adult can respond to and interact with children. These responses can be thought of on a continuum from least supportive (or intrusive) to most supportive (or intrusive). Secondly, it should also be noted that how an adult responds (level of support or intrusiveness) to a child effects the child's level of participation. All of this simply tells us that as adults we need to consider how to best interact with children. These decisions will need to be based upon the child's abilities as well as the situation at hand. As mentioned above, errorless learning is an appropriate method for teaching toddlers, however, once children are able to get along with less support they should be provided the opportunities to do so. Without these opportunities, children will remain unable to independently solve their own problems or conflicts with other children. The next section focuses on five specific teaching strategies that are especially useful in teaching toddlers. These strategies are divided into two types of teaching strategies, naturalistic teaching strategies and prompting strategies.

- Naturalistic strategies:
  - Incidental Teaching
  - Mand-Model Procedure
- Prompting strategies:
  - Least-to-most prompting strategy
  - Graduated guidance
  - Time delay procedure

A description of each of these five teaching procedures will be provided as well as steps for using each strategy, specific examples of the strategy, and any special considerations for using the strategy.

(Note: These teaching procedures are reprinted with permission from: Wolery, M. (1994). "Instructional Strategies for Teaching Young Children with Special Needs". In Wolery, M & Wilbers, J.S. (Eds.). Including Children with Special Needs in Early Childhood Programs. National Association for the Education of Young Children, Washington, D.C.

## NATURALISTIC TEACHING STRATEGIES

There are five steps in using naturally occurring opportunities in the child's environment to encourage interactions with materials and other children. They are as follows:

1. **Ensure the child's responsiveness to the environment through the provision of opportunities that secure and maintain the child's attention**. This means being sensitive to the child's behavior and observing to see what things capture the child's attention. The assumption here is that the child must be attentive prior to learning and the things that capture his or her attention will promote greater learning.

   Examples: Surround the child with interesting objects and materials.
   Arrange for peers to interact with the child.
   Take the child to a place where there are especially interesting activities.

2. **Consider the child's attention to people or things as intents to interact**. An interpretation must be made as to a child's attention to a person or object. An adult can respond accordingly to this intention. For example, a young child who is nonverbal and not mobile may motion across the room to a toy. The adult can interpret this motion as the child's interest in playing with that toy or it may be that the child is bothered by the toy. The adult must consider the context and make a best judgment as to the child's intent and respond to that intent.

   Examples: Note what the child listens to.
   Note what the child looks at.
   Note what the child plays with.
   Note who the child plays with.

3. **Elicit and sustain the child's interactions with the environment.** This third step ensures that once the adult has determined the child's intent, a response to this intent must be made. The response must provide some indication that the child's intents have been understood. The importance here is that the child understand that their behavior has an impact on their environment.

   Examples: Encourage the child to pick up a toy or object.
   Encourage the child to play with a toy or object.
   Encourage the child to talk to peers or adults.

4. **Work for and sustain elaboration in the child's interactions**. This means use the environment and daily activities to increase the child's interactions with peers and materials. It is important here to expand on the skills the child currently has by increasing the length of interactions, play, or verbal exchanges. It may also mean providing models, using additional materials, physical assistance, and reinforcement to sustain interactions.

   Examples: Prompt the child to name the toy, object, or person.
   Prompt the child to play cooperatively with peers.
   Model appropriate labels or requests.

5. **Work for and sustain more complex and conventionalized behaviors**. The focus in this last step goes beyond step four in that the intent is to teach the child new skills in addition to varying the child's current skills.

   Examples: Help the child play independently with toys or other objects.
   Prompt the child to initiate play with peers.
   Encourage clear communication.

# Teaching Strategy: Incidental Teaching

## DESCRIPTION OF THE PROCEDURE

Inherent in the idea of educating children in integrated environments is the use of naturalistic teaching approaches. Incidental teaching is perhaps the best known naturalistic approach to teaching. Incidental teaching, the primary teaching strategy promoted in this curriculum as defined by Dunst (1981), involves sustaining and elaborating a child's behavior based upon the interactions the child has with the environment which may arise either naturally or through afforded opportunities.

## WHO ARE APPROPRIATE CANDIDATES FOR THIS TEACHING PROCEDURE?

Incidental teaching can be used with children with a variety of disabilities. The procedure is most appropriate for use with children who currently begin interactions with adults in their environment (e.g., parents, interventionists) and is most effective in "low-structure" situations where these types of interactions are more likely to occur.

## STEPS FOR USING THE STRATEGY

1. Identify the goals that are important to the child.
2. Identify times, activities, and routines in which the procedure will be used.
3. Adapt the activity and arrange the environment to encourage frequent child initiations by presenting novel or new materials, placing some preferred toys in view but out of reach (e.g., a must-ask shelf), providing some materials for which the child may need help (e.g., paint containers with lids on them), and providing materials with missing parts (e.g., a puzzle without some pieces).
4. Be available to children and wait for their initiations.

5. When a child initiates an interaction with you, you should do the following:
    a. Focus on the child, decide whether to use this initiation as a teaching opportunity, and be sure that you understand the purpose of the child's initiation.
    b. Ask for more elaborate language from the child by saying, "Tell me more," "Use words", "What about ___?" or a similar statement that would be understood by the child.
    c. Wait a few seconds for the child to produce a more elaborate or complex statement; while waiting, look expectantly at the child.
    d. If the child uses more elaborate language, praise him, expand his statement, and respond to the content of what he has asked (e.g., if he asked for more materials, help him get them; if he asked for help, provide it).
    e. If the child does not produce a more elaborate statement, provide a model of a more complex statement and look expectantly at him, indicating to him to imitate it. When he imitates it, respond to the content of the statement.
6. Repeat steps 4 and 5 throughout the day.

## SPECIAL CONSIDERATIONS

Incidental teaching can be combined with a number of other teaching strategies including the mand-model procedure and time delay procedure. This procedure can be implemented throughout the day.

# Teaching Strategy: Mand-Model Procedure

## DESCRIPTION OF THE TEACHING PROCEDURE

The mand-model procedure is another naturalistic teaching strategy primarily used to facilitate children's communication skills, which are critical to social competency. It can be used to get children to practice skills they are learning in one environment (e.g., school) in other environments (e.g., home). The mand-model procedure can also be used to teach new skills.

## WHO ARE APPROPRIATE CANDIDATES FOR THIS TEACHING PROCEDURE?

This procedure can be used successfully with children with a variety of disabilities. It is especially useful with children who infrequently initiate interactions with adults.

## STEPS FOR USING THIS TEACHING PROCEDURE:

1. Identify the important goals for the child.
2. Identify times and low-structure activities in which the procedure will be used.
3. Ensure that the identified activity includes toys and materials that are likely to result in high levels of child engagement and play.
4. Allow or help the child to play with the toys and materials.
5. Play alongside the child, following his lead and being responsive to his communicative interactions.

6. When the child is playing but is receptive to adult interaction, do the following:
    a. Ask a question that is related to the child's focus of attention and that will give him a chance to use the behaviors related to his communication goals.
    b. After asking the question, look expectantly at the child for a response.
    c. If the child responds correctly (as per his IFSP goal), affirm his statement by expanding it (using his words in a more advance way) and responding to the content of the statement. Continue the interaction or allow the child to continue playing.
    d. If the child does not use the desired response, provide a model of the response and look expectantly at him, indicating that you want him to imitate your statement or action. If the child imitates it, affirm his statement by expanding it and responding to its content. Continue the interaction or allow the child to continue playing.
7. Repeat steps 5 and 6 several times during the activity.

## SPECIAL CONSIDERATIONS

The mand-model teaching procedure can be used in combination with other naturalistic strategies, such as the incidental teaching procedure and the time delay procedure.

## PROMPTING STRATEGIES

Prompts are any form of assistance that facilitate the child in making a desired response. **Natural prompts** are part of a toddler's environment that signal a response, for example, one child calls another child's name. **Instructional prompts** are used when natural prompts are not effective in signaling a toddler to respond or perform a specific skill. Instructional prompts can be as nonintrusive as a glance or as intrusive as physically assisting a toddler to perform a skill.

The most common types of instructional prompts, listed from least intrusive to most intrusive are: verbal prompts, gestural prompts, and physical prompts. Each of these prompts is briefly defined below:

**Verbal prompts:** Verbal prompts can be either indirect or direct in nature. Indirect verbal prompts involve asking the child a question or making a suggestion about what is needed. Direct verbal prompts are specific statements that tell the child exactly what to do.

**Gestural prompts:** Gestural prompts involve making a movement with the hand or other body part (e.g., pointing).

**Physical prompts:** Physical prompts involve providing the toddler with physical assistance to help them complete a task. Physical prompts can range in intrusiveness from partial physical assistance (providing physical support to the child's elbow or hand to complete a task) to full physical assistance (using complete physical support to enable a child to complete a task).

Prompts can be used individually or in some combination, depending upon the unique learning style of the child. The following prompting strategies provide detailed information on appropriate candidates for each strategy and steps in using each prompting strategy.

# Prompting Strategy: Time Delay Procedure

## DESCRIPTION OF THE TEACHING PROCEDURE

In this strategy, the teacher initially provides the child with a prompt before the child is expected to perform the skill. In subsequent instruction, the teacher gives the child an opportunity to perform the task and waits for the child's response. The prompt is given three to five seconds later if the child does not respond correctly.

## WHO ARE APPROPRIATE CANDIDATES FOR THIS TEACHING PROCEDURE?

The time delay procedure is effective with children with a wide variety of special needs. It can be used in individual or small group instruction. The time delay procedure can use almost any prompt, but modeling is the most common.

## STEPS IN USING THIS PROCEDURE

1. Identify the skill to be taught.
2. Assess whether the child will wait a few seconds when he does not know what to do.
3. Identify the times and activities in which the instruction will occur.
4. Identify what will cue the child to perform the task. Depending upon the skill being taught, the teacher or the natural environment may serve as cues for the child.

5A. *Initial instruction*: When the child is in the situation in which the skill will be taught, the teacher should do the following:

   a. Ensure that the child knows it is time to use the skill and immediately provide the prompt to ensure that he will perform the skill correctly.

   b. When the child uses the skill correctly, praise the child.

   c. Repeat steps a and b several times, basing the number of times upon the difficulty of the skill and how quickly the child learns. The more difficult the skill and the slower the child's learning, the greater the number of times steps a and b should be completed.

5B. *Subsequent instruction*: When the child is in the situation in which the skill is being taught, the teacher should do the following:

a. Ensure that the child knows it is time to use the skill and wait three to five seconds for him to perform the skill or to start performing the skill.
b. If the child performs the skill correctly, praise him.
c. If the child waits for assistance, give the prompt after three to five seconds. If he responds correctly after the prompt, praise him.
d. If the child responds incorrectly, do not prompt and do not praise him.

## SPECIAL CONSIDERATIONS

In using the time delay procedure, the teacher systematically varies the timing of the prompt: during initial instruction, the prompt is given before the child can respond; during subsequent instruction, the prompt is delayed for three to five seconds. Although the exact timing of the prompt during subsequent instruction can vary, giving the prompt each time it should be given is critical.

Bailey & Wolery (1984) have outlined additional prompting strategies that may be useful in teaching specific skills, such as social skills to young children. These strategies are defined below.

**Forward Chaining**: When using forward chaining as an instructional strategy, instruction begins with the first step in the task and proceeds toward the last step (e.g., when taking off a shirt, the first step the child learns is to take her arms out of the sleeves).

**Backward Chaining**: Backward chaining begins with the last step in the task and proceeds toward the first step. Enabling the child to experience the natural consequence of a task (e.g., when taking off a shirt, the first step the child learns is pulling the shirt off the top of her head).

**Naturalistic Cues**: Using naturalistic cues involves drawing the child's attention to relevant, naturally occurring cues or events in the environment that indicate the expected behavior (e.g., all other children sitting at the snack table indicates the need for the child to move to the table).

# Prompting Strategy: Least to Most Assistance

## DESCRIPTION OF THE TEACHING PROCEDURE:

The least to most teaching procedure is a prompting strategy used to teach children a variety skills that can be broken up into smaller steps. Initially, the child is given the opportunity to perform a task independently. Gradually the teacher increases the level of prompting (from least intrusive prompts to more intrusive prompts) until the child is successful at the task. Less intrusive prompts include gesturing (e.g., pointing), modeling (e.g., watching other children), and verbal prompting (e.g., telling the child what to do). More intrusive prompts usually involve assisting the child physically by providing hand-over-hand assistance or physically holding the child at the elbow or wrist to assist them.

## WHO ARE APPROPRIATE CANDIDATES FOR THIS TEACHING PROCEDURE?

This prompting strategy works well with children with a wide variety of special needs. It should be used whenever a child is being taught a skill that can be broken down into smaller steps. Children who benefit most from this strategy respond well to less intrusive prompts such as gestures or modeling.

## STEPS FOR USING THIS TEACHING PROCEDURE:

1. Identify the skill to be taught and the steps involved in performing the skill.
2. Identify the "prompting hierarchy" for the child (which prompts the child will respond to listed from least intrusive to most intrusive).
3. Identify the times and activity in which the skill will be taught.

4. When the child is in the situation in which the skill will be taught, the teacher should:
    a. Wait to see if the child begins to perform the skill independently.
    b. If the child does begin to perform the skill by themselves, allow them to continue to perform each step independently.
    c. If the child does not begin to perform the skill by themselves, or performs a step incorrectly, provide the child with a prompt, beginning with the least intrusive prompt identified.
    d. If the child does not respond to the prompt, provide the child with a more intrusive prompt.
    e. Provide verbal encouragement to the child as the skill is being completed and reinforce him at the end of the task.
5. Continue steps a - d for each step of the skill.

## SPECIAL CONSIDERATIONS

Be sure to customize each child's "prompting hierarchy" to include only those prompts that are effective with the child. Including ineffective prompts in this procedure can slow the child's rate of learning. Additionally, be sure to fade whatever prompts the child requires to complete the task quickly so that the child does not become dependent upon them. When using physical prompts, the teacher should be careful not to hold the child too tightly or make movements that could startle or hurt the child. Physical prompts with children who have physical disabilities should be used only under the guidance of a physical or occupational therapist.

# Teaching Strategy: Graduated Guidance

## DESCRIPTION OF THE TEACHING PROCEDURE:

Graduated guidance is a teaching strategy for teaching skills that can be broken down into smaller steps. It involves providing prompts at the level needed for the child to succeed and fading prompts as the child masters a skill. Eventually the child will be able to perform the task independently without any form of prompting.

## WHO ARE APPROPRIATE CANDIDATES FOR THIS TEACHING PROCEDURE?

Graduated guidance is effective with children with a wide range of special needs. It should be used whenever a child is being taught a skill that can be broken down into smaller steps. Children who do well with this strategy respond better to more intrusive prompts (such as physical assistance) rather than less intrusive prompts like gesturing or verbal prompts.

## STEPS FOR USING THIS STRATEGY

1. Identify the skill to be taught and the steps involved in performing the skill.
2. Identify the "prompting hierarchy" that will be used to teach the skill, ordering these prompts from most intrusive (e.g., physical assistance) to least intrusive (e.g., verbal prompts, modeling).
3. Identify the times and activity in which the skill will be taught.
4. When the child is in the situation in which the skill will be taught, the teacher should:
   a. Provide only the amount of help the child will need to start the skill and then immediately withdraw that help as he/she begins performing the skill.
   b. If the child stops, immediately provide the amount and type of help needed to get him/her started again, then withdraw the help as she begins to perform the skill.
   c. If the child makes an incorrect response, provide the minimum amount of assistance to help the child in performing the skill.
   d. Provide verbal encouragement to the child as the skill is being completed and reinforce him/her at the end of the task.
5. Continue steps a - d for each step of the task.

## SPECIAL CONSIDERATIONS

The graduated guidance procedure requires the teacher to make moment-to-moment decisions about whether to provide or withdraw assistance. Failure to withdraw the prompts quickly can slow the child's learning of the skill. When using physical prompts, the teacher should be careful to not hold the child too tightly or make movements that could startle or hurt the child. Physical prompts with children who have physical disabilities should be used only under the guidance of a physical or occupational therapist.

## A WORD ABOUT REINFORCEMENT

There are basically two types of reinforcers: naturally occurring reinforcers and learned reinforcers. Naturally occurring reinforcers are the natural consequences of a child's behavior (e.g., shaking a toy then hearing the sound it makes, requesting "more" then receiving a second helping). In some instances, a toddler may need more than naturally occurring reinforcers to learn a skill. In these situations, learned reinforcers (e.g., praise, affection, attention) are used to increase the desired response. Learned reinforcers should always be paired with naturally occurring reinforcers to help the child recognize his or her own achievements (e.g., smiling at a toddler and saying, "You played with Bob nicely").

There are several guidelines for using reinforcers. These include:

1. **Telling a child why he or she is being rewarded**. When a child begins to use a desired skill, it is important to explain to the child why he or she is being rewarded. For example, a child can be praised by saying, "Good job, you put on your hat!" This helps the child connect the reinforcement with the desired behavior.
2. **Developing a schedule for providing reinforcement**. It is important to be aware of how frequently reinforcements are provided. The amount of reinforcement provided influences the rate at which learning occurs. If reinforcement is given too frequently, it will lose its effect. While it may be best to give reinforcement for each desired response when a skill is emerging, reinforcement should be gradually eliminated once the skill is mastered.
3. **Presenting a variety of reinforcers**. A reinforcer will lose its effectiveness if used continuously.

## ADAPTATIONS

Given the wide array of childrens' special needs, even the most well planned activities and routines may require adaptations. Some activities may need to be adapted to meet a child's unique needs and abilities. The following section provides general suggestions for how to adapt activities for students with communication difficulties, visual and hearing impairments, behavioral challenges, physical disabilities, and cognitive disabilities. Additionally, specific suggestions for adaptations are provided throughout the curriculum when appropriate.

## ADAPTATIONS FOR STUDENTS WITH COMMUNICATION DIFFICULTIES

Children with communication challenges may have difficulty with expressive language (e.g., communicating their wants, needs, and ideas) or receptive language (e.g., understanding what has been said to them). Children with expressive communication difficulties may use utterances instead of approximate words. Adults in the child's environment should be aware of a child's communication abilities and communicate this information to the child's peers. Peers can be taught to respond to the child's utterances and word approximations so that social interactions between children can be enhanced. Some children may use other forms of communication which serve to augment their communication abilities, such as sign language, gestures and/or communication boards. Children with receptive communication difficulties may require adults and children to speak to them slowly and in short sentences. All of the adults and children that the child interacts with should be familiar with the child's communication strategies.

Another strategy that may be beneficial is pairing children with communication difficulties with children who can serve as good communication role models for the child. Additionally, using a theme approach to activity planning can also provide children with communication difficulties with familiar materials and activities over a period of time, thereby providing a familiar context for peer interactions. Adults can also practice "scripts" with children with communication disabilities via role playing. If children understand symbolic play, puppets or dolls can also be used.

## ADAPTATIONS FOR STUDENTS WITH VISUAL IMPAIRMENTS

"Visual impairment" encompasses a very wide range of visual abilities. Legally blind is categorized as having a visual acuity of 20/200 or less with correction in one's better eye. Other children with visual impairments may have field restrictions in their vision. Adults working with children with visual impairments should be knowledgeable about the child's specific visual impairment, including its severity and preferred environmental conditions (e.g., lighting, color contrast preferences, preferred visual distance, and placement for viewing objects).

Simple environmental accommodations can be helpful when working with children with visual impairments. For example, reducing the size of play areas can decrease a child's dependency on orientation and mobility skills. Smaller play areas also increase children's proximity to one another, thereby increasing the opportunities for interactions. Additional environmental adaptations include using tape or sand paper to mark play area boundaries. Tape or sand paper can also be used as a road for the child to use with other children when playing with toy cars and trucks. Toy selection is especially important when working with children with visual impairments. Keep any recommendations regarding color preferences and optimal color contrasts in mind when selecting toys. Toys with audible or tactile qualities may also be used.

Peers and adults in the child's environment should be trained to provide verbal descriptions of activities to the child. This is especially important since children with visual impairments cannot rely on modeled demonstrations of appropriate behaviors. Peers may also be trained in helping the child to safely transition from one area to another.

Noonan and McCormick (1993) provide the following additional suggestions to assist children with visual impairments:

1. Seat the child in an area that minimizes the interference of glare and shadows and maximizes desirable natural light. Allow the child to move or adjust his or her seating, as needed, for different activities and light conditions.
2. Check frequently to be sure that the floor is free of objects and doors are not left ajar. Never change the room arrangement without informing the child. Familiarize him or her with any new additions to materials and equipment.
3. Prompt the child to "use words to make things happen." It is critical for the child to become aware of the association between words and events and the potential of language to control the environment.
4. Be careful not to overestimate the child's understanding. The child's language skills may suggest greater understanding than the child actually possesses. This "mismatch" between expressive language and cognitive skills sometimes occurs because the child misses important details or components of an experience.

## ADAPTATIONS FOR STUDENTS WITH HEARING IMPAIRMENTS

As with visual impairments, hearing impairments also encompass the entire continuum of hearing loss, from a very mild loss to a severe hearing loss. Children with a mild hearing loss generally acquire language more easily than children with more severe losses. Regardless of the degree of the child's hearing loss, teachers should present as much information as possible to the child visually. This can be done using gestures and modeling the desired behavior or activity for the child. If the child uses sign language, other adults in the child's environment should be able to communicate with the child using signs. Peers can also be taught how to interact with the child using gestures and simple signs.

Noonan and McCormick (1993) provide the following additional suggestions for assisting children with hearing impairments:

1. Speak naturally and in a normal teaching voice. There is no need to over-enunciate or speak loudly. Use natural gestures to supplement oral presentations.
2. Call the child's name when addressing him or her. Wait until you have the child's attention before speaking.
3. Give the child a full view of your face when speaking. The child needs all the visual cues that a speaker provides, so be careful not to talk while facing away from the child.
4. Indicate the referent for any person- or object-specific comment. When referring to someone or something that is in the room, touch, point, or nod in the direction of the referent.

## ADAPTATIONS FOR STUDENTS WITH BEHAVIORAL CHALLENGES

Children who have behavioral challenges may be either extremely withdrawn or aggressive. Children who are withdrawn or aggressive will benefit greatly from the Assessment of Peer Relations (APR) which will help professionals and families determine the child's strengths and concerns regarding social competence. Focused interventions relying on the child's strengths and preferences will help increase the child's social interactions with his or her peers.

Children who display aggressive behaviors may require a specific behavioral support plan. Developing such a plan would entail analyzing the antecedents, behaviors, and consequences regarding the identified behaviors, as well as looking at what may be motivating the child to engage in the behavior. This plan should be developed by both professionals and parents. For optimal effectiveness, the child's behavior support plan should be implemented in both home and school settings.

Additional adaptations for children with challenging behaviors, especially those with limited attention spans, include keeping distractions to a minimum by arranging activities in distinct parts of the room and limiting the amount of materials per activity. Providing children with a structured routine with ongoing opportunities for choice making is also critical. Some children may even benefit from a picture or object schedule that depicts the child's schedule for the day. This is especially helpful for children who have difficulty with changes in routines or transitioning between activities.

Finally, teaching the child simple self-management strategies, such as taking a deep breath, letting off extra "steam" by bouncing on the trampoline, or teaching the child to go to a quiet area in the room if he or she is over stimulated, may also be helpful.

Environmental stimuli may trigger behavioral reactions in some children. Examples of such stimuli may include visually "busy" environments, extraneous environmental noises, such as from some heating systems, and certain lighting conditions. Children with difficulties processing external stimuli may benefit from sensory-processing techniques. If you suspect a child may be experiencing sensory-processing difficulties, consult an occupational therapist with expertise in this area to evaluate the child and provide appropriate intervention strategies

## ADAPTATIONS FOR STUDENTS WITH PHYSICAL AND/OR HEALTH DISABILITIES

Children with physical and health disabilities are an extremely diverse group. Some children with health impairments, such as asthma or diabetes, may simply require daily or periodic medical attention. Other children with physical disabilities may require medical attention in addition to a variety of activity and environmental modifications.

The group environment should be assessed to ensure that a child with physical disabilities is able to move about freely in the room and has access to materials and activities. Adaptations should be provided to enable the child to be as independent as possible. These may include built up handles on spoons, paint brushes, and sand shovels and the use of Dycem (a plastic material used to keep objects such as paper, bowls, etc., from sliding) for table top activities. Occupational and physical therapists should be consulted on optimal positioning and adaptations for a child to actively participate in classroom activities.

Special consideration should also be given to mobility equipment, such as wheel chairs, and positioning equipment, such as wedges and standers. Such equipment means longer transition times between activities and storage space in the classroom. Equipment must be stored so that it is easily accessible but does not interfere with the ongoing activities of the classroom. Specialized equipment should be used to position a child appropriately for activities. For example, if the children are sitting on the floor for circle time, the child could sit in a chair that is low to the floor, such as a tumble forms chair. The child could stand in his or her stander while playing at the water or sand table.

Adults in the program should be trained in proper positioning and lifting techniques and children in the classroom should know about the specialized equipment that the child uses in the classroom. Peers may also be trained to safely assist the child in classroom activities or moving about in the classroom.

Noonan and McCormick (1993) provide the following additional suggestions for assisting children with physical and health impairments:

1. Be sure to have written authorization from a parent and the physician on file if medication is administered at the program. Store medication in a locked compartment and be sure to keep careful records that include specific directions for administration.
2. Establish a means of regular communication with the parents or caregivers and therapist(s). If time constraints prevent regular team meetings, try to establish some other vehicle for exchange of information. The parents or caregivers may act as liaisons between early interventionists and other professionals to assure that information and reports are shared.
3. Learn how to position, carry, lift, and transfer the child. The parents or caregivers and the physical or occupational therapist(s) can teach these skills. Practice with supervision until these skills are performed with comfort and confidence.
4. Become familiar with the child's orthodic or prosthetic devices. These devices can restrict range of motion, cause discomfort and abrasions, or interfere with circulation if they do not fit properly. The physical or occupational therapist(s) can provide the necessary information and should remain available to answer questions.
5. Ask for help to adjust standard equipment. The therapists and/or parents or caregivers can help with equipment adjustments. For example, for most children, all that is necessary to adjust a tricycle is to move the handlebars to an upright position (so that the child does not need to lean forward) and secure the child's feet on the pedals with Velcro straps.

6. Use special adaptive equipment for sitting, standing, and floor activities. If the child cannot use a standard chair, ask parents or caregivers and therapists about special adaptive chairs. Additionally, a supported stander, adaptive boards, wedges, and other supports should be made available if the child needs this equipment.
7. Ask parents and therapists to assist in adapting equipment for independent printing, drawing, painting, coloring, cutting, and eating. If the child cannot use the same materials as peers, consider adapted scissors and adaptations to other hand-held implements to help the child write, draw, paint, and color. In most cases, it is a good idea to tape the child's paper to the table during a coloring, drawing, or painting activity. This keeps the paper in place. The child may need adaptive spoons with a built-up handle or a swivel and scoop dishes and cups in order to eat independently.

## ADAPTATIONS FOR STUDENTS WITH COGNITIVE DISABILITIES

Since some children with cognitive disabilities may also exhibit motor, communication, sensory, or behavior challenges, some of the adaptations mentioned above may be beneficial. Additional adaptations that may be beneficial include breaking down activities into smaller steps (task analysis) and pairing a child with socially competent peers to provide them with appropriate models for desired behavior or activity. While it is important to consider a child's developmental level, it is imperative that adults maintain the premise of using age appropriate materials and activities with a child regardless of their developmental level. This can be done by adapting a child's participation in the activity or reducing the expectations or outcomes for the child. Some children will not be able to fully participate in a classroom activity due to their cognitive disability. In such an event, the child can perform a portion of the task instead of being excluded from the activity altogether. This strategy, known as partial participation, makes it possible for all children, regardless of their disability to participate in ongoing activities.

## GENERALIZATION

The goal of The Play Tools for Toddlers Curriculum is to promote the development of social skills in young children with special needs. However, it would be impossible to teach children social competency skills in an endless number of environments (e.g., home, day program, play group, playground, various community environments) with countless numbers of adults and peers. Therefore, this curriculum emphasizes instruction that promotes skill generalization. Generalization occurs when a young child demonstrates a response in an appropriate situation where instruction did not occur and does not demonstrate the response in inappropriate situations (Noonan & McCormick, 1993). The ability to generalize social skills will enable children to interact with an array of peers and adults in a wide variety of environments.

In order to help facilitate the generalization of the social competency skills in this curriculum each skill area lists a variety of materials, activities, and environments that the child can use to practice the targeted skill. For example, a child can practice the skill of peer group entry in his or her program (e.g., play corners, free play), outdoors (e.g., playground, sand box), or in the community (e.g., play groups, playing with siblings, etc.). Generalization should be taken into consideration during the development of a child's Individualized Family Service Plan (IFSP) outcomes and objectives.

## DATA COLLECTION

Data collection is an important component of any educational program. By collecting and analyzing data parents and professionals can determine whether a child is learning and making progress. Data collection provides an ongoing opportunity for parents and professionals to evaluate their efforts. Without ongoing data collection, it is impossible for parents and professionals to gain a clear indication of a child's performance on a particular objective.

Despite its importance, a balance must be made between the need for data collection and practical considerations in home and classroom environments. For example, it would be impossible to collect data throughout the entire day on a goal such as initiating an interaction with another peer. A good compromise is to collect data on each targeted IFSP outcome on a weekly basis. This will allow for adequate data for measurement purposes without putting an unrealistic burden on families or early childhood professionals.

Below is a step-by-step process that will ensure a comprehensive and efficient data collection process.

**Step 1:** Determine **target areas** for data collection. This can be easily accomplished by reviewing the IFSP for child-specific outcomes and objectives. Data will need to be collected on each of these objectives. Use the data collection forms provided in The Play Tools for Toddlers Curriculum to record the child's performance for each outcome.

**Step 2:** Decide **when** data will be collected. Data should be collected during times when the child is naturally expected to perform the targeted skill. Plan on collecting data on each objective on a weekly basis.

**Step 3:** Decide **where** to collect the data. It may be possible to identify times during the day when data collection is more practical. For example, during transition times or dismissal time it may be impractical to collect data due to the heavy demands of these time periods. Identifying times throughout the day for data collection and making data collection a part of the routine will help to ensure that data gets collected on a regular basis.

**Step 4:** Decide **who** will collect the data. It is recommended that all persons in the child's environment share the responsibility for data collection. This will ensure that no one person is burdened with paper work and will also ensure that all persons working with the child will become familiar with his or her IFSP outcomes. Families can also collect data on targeted outcomes in the home or other appropriate settings.

**Step 5:** Determine **how** to collect data. Although it may be easier to collect data on a one-to-one basis with a child, the collected data may not reflect the child's performance under natural conditions. Therefore, it is best to collect data under naturally occurring environmental conditions.

**Step 6: Evaluate** the data. After each data collection session the child's responses should be tallied. Data should be evaluated at least monthly to determine the child's progress on targeted objectives. Data collection is meaningless unless it is evaluated on a regular basis. For example, if the child is not making progress on a specific objective it may be necessary to reevaluate the intervention procedures.

The Data Collection Form provided on the following page can be used to collect data for each child-specific instructional outcome. In addition to serving as a data collection instrument, this form can also be used as an individualized instructional program. Recording the child-specific antecedents, behaviors, consequences, and alternative consequences for each targeted outcome on The Data Collection Form will ensure that all persons working with the child will be familiar with the individualized instructional strategies for each outcome. Although this may seem time intensive, it will ensure thorough instructional and data collection procedures for each outcome.

It should be noted that the instructional procedures recorded in the column marked "alternative antecedent" are for instructional purposes only. When collecting data on a specific objective, we are interested in how well the child can perform the objective without instruction or prompting (unless that assistance is part of the child's targeted outcome). During data collection, adults should focus mainly on the child's behavior, specifically, whether the child was able to perform the targeted outcome independently. A comment section is also provided for comments regarding the child's performance, level of assistance needed to perform the task, etc.

## THE PLAY TOOLS FOR TODDLERS
## PROGRAM DATA COLLECTION FORM

**Child's Name:** ______________________ **Date:** __________ **Adult's Name:** ____________________

**Length Of Implementation:** ____________________________________________

**Outcome:** ____________________________________________________

**Please Place A Plus (+) In The Box If The Described Behavior Occurred And A Minus (-) In The Box If The Described Behavior Did Not Occur.**

| Plan | OBJECTIVE | OBJECTIVE | OBJECTIVE | OBJECTIVE | OBJECTIVE |
|---|---|---|---|---|---|
| | | | | | |
| (Antecedent) | | | | | |
| (Child Behavior) | | | | | |
| (Strategy 2) | | | | | |
| (Child Behavior) | | | | | |

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# Module Three: The Building Blocks of Play

## INTRODUCTION

Section I of The Play Tools for Toddlers Curriculum provides detailed teaching procedures in the following areas; involvement, purpose of initiation, and success of initiations. Specifically these skills include the child's ability to make choices, play with toys, have an awareness of people in their environment, and interact briefly with adults and other children. These early social skills provide the foundation for the more complex social skills found in Section II of the Assessment of Peer Relations (APR) and in Section II of this curriculum. Detailed instructional procedures for each of these skills are provided, along with a rationale for their importance, suggestions for adaptations, and ideas where the child can practice the skill.

In order to familiarize the reader with the format of this curriculum, an explanation of each of these areas is provided below.

**Overview:** The Overview provides a brief introduction to each of the three areas of Section I of the APR (i.e., involvement, purpose of initiations, and success of initiations). Here the reader will also find a sequentially numbered list of each of the skills in that area and page numbers for where they can be found in the curriculum.

**Target Skills:** This is the skill being taught. It is stated in behavioral terms so it is easy to identify and teach. Target skills are sequentially numbered throughout Sections I and II of The Play Tools for Toddlers Curriculum.

**Rational:** This area provides a brief explanation of the importance of the target skill.

**Consider Starting Here If:** This section describes the typical behavior of a child who does not possess the targeted social skill.

**Things to Look For:** This section asks questions that will help parents and professionals determine if the child possesses the targeted social skills. For example, if the child does not make choices between items, then it would be appropriate to teach the child how to make choices.

**Adaptations:** This area provides suggestions for adaptations for children with a variety of disabilities including: communication impairments, visual impairments, hearing impairments, physical or health impairments, behavioral challenges, and cognitive disabilities.

**Teaching Procedure:** The teaching procedure provides the reader with a detailed sequence of events to teach the targeted skills. As mentioned previously, each teaching procedure is provided in an "antecedent, behavior, consequence" format. Appropriate alternative consequences are provided if the child does not perform the targeted skill.

**Ideas for Teaching the Skill:** Skills from The Play Tools for Toddlers Curriculum must be taught within the context of activities. This section provides parents and professionals with specific suggestions for activities, materials, and environments for teaching the targeted skills. These ideas can assist parents and professionals in planning innovative ways for the child to practice a skill using different materials, activities, and environments.

# Involvement

**OVERVIEW**

The area of involvement looks at the child's interactions with his or her environment. This includes the child's ability to make choices, play with toys, and play in small groups with other children. Specifically, involvement includes the following set of skills:

| Skill Number | Skill Description | Page Number |
|---|---|---|
| 1 | Child uses communicative intent to:<br>♦ Choose one toy | 83 |
| 2 | Child plays with toys alone | 89 |
| 3 | Child plays near others using similar toys | 95 |
| 4 | Child actively watches other children playing | 101 |
| 5 | Child plays with adults | 107 |
| 6 | Child acknowledges approaches and initiations of other children | 113 |
| 7 | Child engages in brief responses or exchanges with other children | 119 |
| 8 | Child engages in role reversals during simple games | 125 |
| 9 | Child engages in independent pretend play | 131 |
| 10 | Child engages in pretend play with other children | 137 |

# Target Skill #1
# Child Uses Communicative Intent

**Rationale:**

- Φ The ability to choose a desired item indicates to a child that their communication can have some control over their environment. The ability to make choices between two or more objects is a foundational communication skill. This next skill is made up of four components; choosing one toy, choosing one activity, choosing between two toys, and finally, choosing between two activities.

**Consider Starting Here If:**

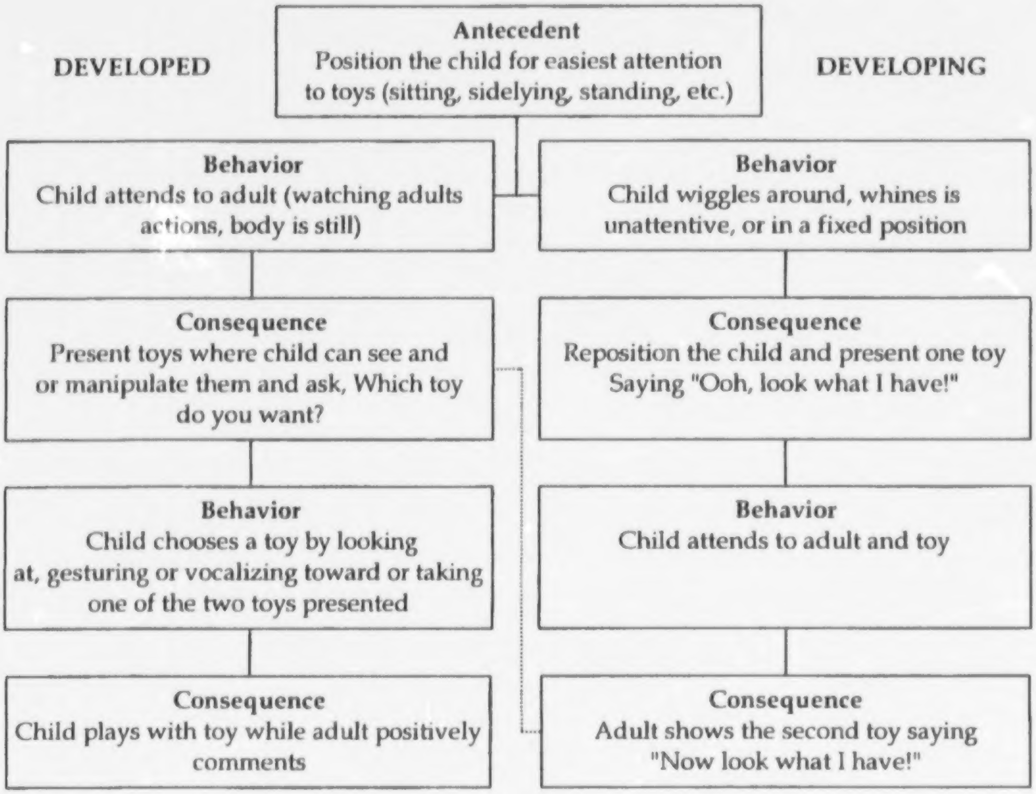
- Φ The child does not make choices between preferred items (e.g., toys, food, or activities)

**Things To Look For:**

- Φ Does the child tend to be unoccupied?
- Φ Is the child unable to communicate preferences for toys, food items, etc.?
- Φ Are parents and/or professionals in the child's life unaware of the child's preferences for toys, music, books, food, etc.?

## TEACHING PROCEDURE

Target Skill 1(a): Child uses communicative intent to choose between two toys



**Antecedent**
Position the child for easiest attention to toys (sitting, sidelying, standing, etc.)

**DEVELOPED**

**Behavior**
Child attends to adult (watching adults actions, body is still)

**Consequence**
Present toys where child can see and or manipulate them and ask, Which toy do you want?

**Behavior**
Child chooses a toy by looking at, gesturing or vocalizing toward or taking one of the two toys presented

**Consequence**
Child plays with toy while adult positively comments

**DEVELOPING**

**Behavior**
Child wiggles around, whines is unattentive, or in a fixed position

**Consequence**
Reposition the child and present one toy Saying "Ooh, look what I have!"

**Behavior**
Child attends to adult and toy

**Consequence**
Adult shows the second toy saying "Now look what I have!"

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Initially, model and accept any approximations (e.g., vocalizations, eye contact) for choice making.

- If the child is nonverbal, a simple object/picture board can be constructed. Consult with a speech therapist/special educator on approaches to develop an augmentative communication system to teach the child choice making. Note: Choosing between two activities is more difficult than choosing between actual objects.

**Visual Impairments:**

- Use brightly colored toys that make sounds. This will assist the child in learning ear-hand coordination.

- Be aware of optimal positioning of objects for the child's visual field.

- Be aware of recommended room lighting and color contrasts when presenting choices.

**Hearing Impairments:**

- Point or gesture to reference point(s) (objects presented as choices).

- Ensure that you have the child's attention before presenting choices.

**Physical Or Health Impairments:**

- The child can communicate to others to activate the toy.
- Position child for easiest manipulation of object. Consult therapist(s) if necessary.
- Use assistive technology devices, such as switches, to operate battery operated toys.
- Use Velcro or Dycem to stabilize toys or other materials.
- Build up handles of items such as shovels, crayons, paint brushes, etc.
- Consult an occupational therapist for individualized toy adaptations.

**Behavioral Challenges:**

For children who have difficulty sitting still:

- Initially, use gross motor toys and activities until the child can attend to objects while sitting.

For children who get easily distracted:

- Set up space with boundaries to limit distractions.
- Set up areas that have only the same objects.
- Use high barriers between areas.

**Cognitive Disabilities:**

- Begin by pairing high-preference items (known preferred toys and food items) with low preference items.
- Initially accept any movement or vocalization as a preference for an item(s).
- Provide the child with the selected item immediately after selection.
- Attach items to a communication board with Velcro for ongoing choice making. (Begin with actual objects and then pair objects with actual photographs of the objects. Eventually, fade objects and transition to more abstract representations of objects.)

**Ideas On How This Skill Can Be Taught:**

- Try presenting a toy the child hasn't seen before. This will hopefully peak the child's interest! It may also help to pair a "high preference" toy with one that is known as uninteresting to the child. You may want to begin introducing this skill with the child in a quiet area of the room. But, don't just stop at choice making between toys, there are many opportunities during a child's day for choice making if you stop and think about it. Some of these include: picking a favorite book to look at during circle time or snack time, choosing areas to play in during free time (by presenting items for the child to choose from that represent different play areas), selecting clothing items, picking a tape, record, or video, etc.
- Choosing between two activities is less structured than choosing between two toys. Toys are concrete in that the toy itself can be presented as a choice to the child. If the child is learning how to make choices between activities, it is helpful to present one activity that you are certain the child will show an interest in (you can use information from The Play Profile). One approach that may help a child become interested in an activity is to use a particular "theme" that you know the child is already interested in. For example, if the child is interested in trains, try placing paper cut in the shape of a train at the easel for the child to paint.

**Think About What is in the Child's Environment:**

Materials:
- "talking" books
- blocks
- balls
- punching bags
- cars/trucks
- juice boxes, or other simple snack items
- clothing items
- music

Activities:
- free play
- snack time
- circle time
- out doors play/playground

Settings:
- classroom
- play group
- home (e.g., dressing, play time, meal times, bed time)
- community (e.g., shopping, restaurants, neighborhood or relatives' homes)

# Target Skill # 2

# Child Plays With Toys Alone

**Rationale:**

Φ Children learn by exploring things in their environment. Active learning happens for children when they are able to interact with their environment. Children learn that they can control their environment by activating toys. Playing with toys alone provides children with the basic understanding of how to play with other children. Using toys that the child shows an interest in will help to gain his/her attention. Experiment with toys of varying characteristics: toys that make sounds, brightly colored toys, toys with different textures, etc.

**Consider Starting Here If:**

Φ The child tends to be unoccupied.

**Things To Look For:**

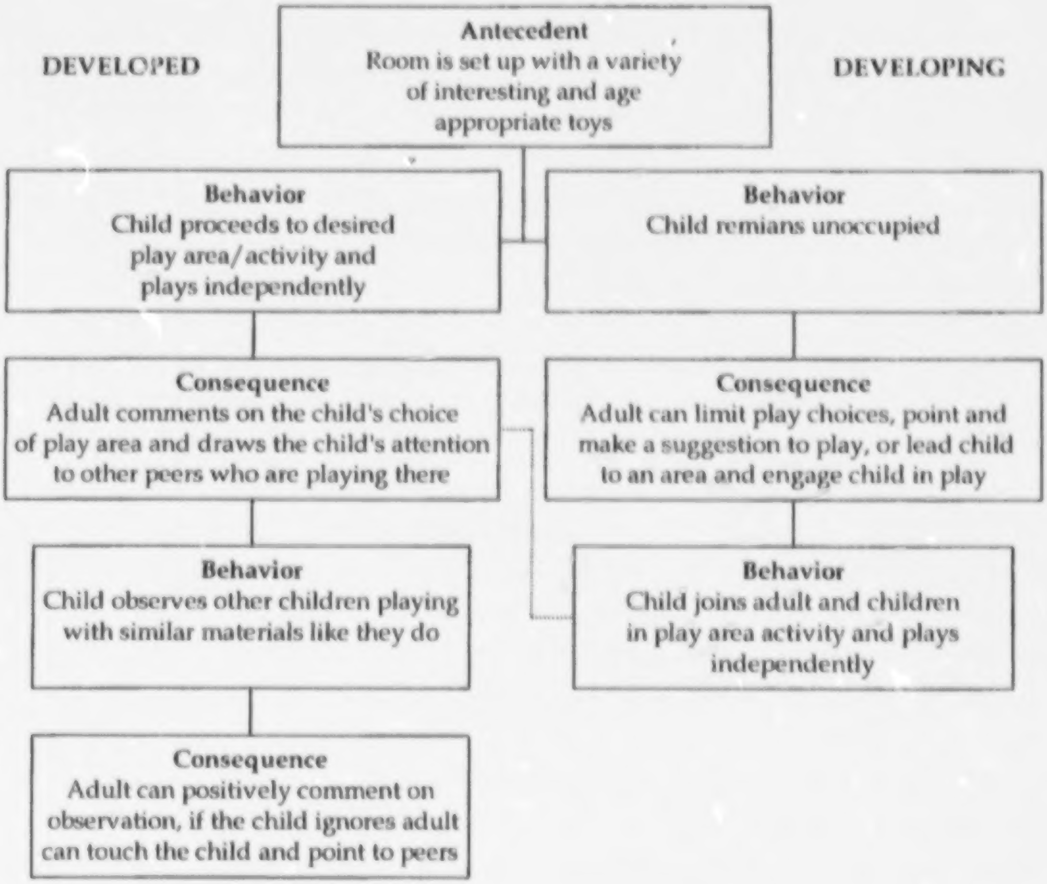
Φ Is the child unoccupied during free play times?

Φ Does the child tend to be a "passive onlooker" during group activities?

Φ Does the child require adult supervision and direction to play with toys?

## TEACHING PROCEDURE

Target Skill 2: Child plays with toys alone



**Antecedent**
Room is set up with a variety of interesting and age appropriate toys

**DEVELOPED**

**Behavior**
Child proceeds to desired play area/activity and plays independently

**Consequence**
Adult comments on the child's choice of play area and draws the child's attention to other peers who are playing there

**Behavior**
Child observes other children playing with similar materials like they do

**Consequence**
Adult can positively comment on observation, if the child ignores adult can touch the child and point to peers

**DEVELOPING**

**Behavior**
Child remians unoccupied

**Consequence**
Adult can limit play choices, point and make a suggestion to play, or lead child to an area and engage child in play

**Behavior**
Child joins adult and children in play area activity and plays independently

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Select activities that require limited communication demands for play to encourage future play with other children.

- If the child is nonverbal a simple object/picture board can be constructed. Consult with a speech therapist/special educator on approaches to develop an augmentative communication system.

**Visual Impairments:**

- Use brightly colored toys that make sounds or have interesting textures.

- Be aware of optimal positioning for the child's visual field.

- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (activities/toys) when interacting with the child.

- Ensure that you have the child's attention before interacting with the child.

**Physical Or Health Impairments:**

- Select toys and activities that are easy for the child to play with.

- Position child s[illegible]hey can play as independently as possible. Consult therapist(s) if necessary.

- Use assistive tech devices, such as switches, to operate battery operated toys.

- Use Velcro or Dycem to stabilize toys.

- Build up handles of items such as shovels, crayons, paint brushes, etc.

- Consult an occupational therapist for individualized toy adaptations.

**Behavioral Challenges:**

For children who have difficulty sitting still:

- Ensure that the child has a variety of movement-based activities to choose from (e.g., playing with cars or trucks)
- Allow the child to change activities frequently.
- Frequently vary the activities and materials in the child's environment.

For children who get easily distracted:

- Use boundaries (e.g., chairs, dividers, mats) to limit distractions.
- Use high barriers between areas.
- Allow the child to change activities frequently.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

**Cognitive Disability:**

- Select toys that have limited cognitive demands (i.e., balls, blocks, functional play objects).
- Task analyze activity for instructional purposes.
- Provide a variety of preferred activities for the child.
- Point out other children who are playing appropriately to serve as models for the child.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

**Ideas On How This Skill Can Be Taught:**

- Arrange the free play area into "play stations." Be sure to include at least two "play stations" where children can play at by themselves without distractions. Give children a choice of toys or activities if necessary, and model the appropriate play skills.

Φ Art activities are often good ways to engage children in solitary play. Set up an art area and structure it so only one child can play in the area at a time. Vary art materials and supplies on a regular basis.

**Think About What Is In The Child's Environment:**

Materials:
- "talking" books
- blocks
- balls
- punching bags
- cars/trucks
- clothing items
- music

Activities:
- free play
- circle time
- outdoors play/playground

Settings:
- classroom
- play group
- home (e.g., dressing, play time, bed time)
- community (e.g., shopping, neighborhood or relatives' homes)

# Target Skill # 3

## Child Plays Near Others Using Similar Toys

**Rationale:**

- Before children can engage in group play, they need to learn how to play near other children who are involved in similar activities. This type of activity introduces children to social rules, appropriate play with toys, and playing in the presence of other children. Children begin to engage in group play by playing next to other children in similar activities.

**Consider Starting Here If:**

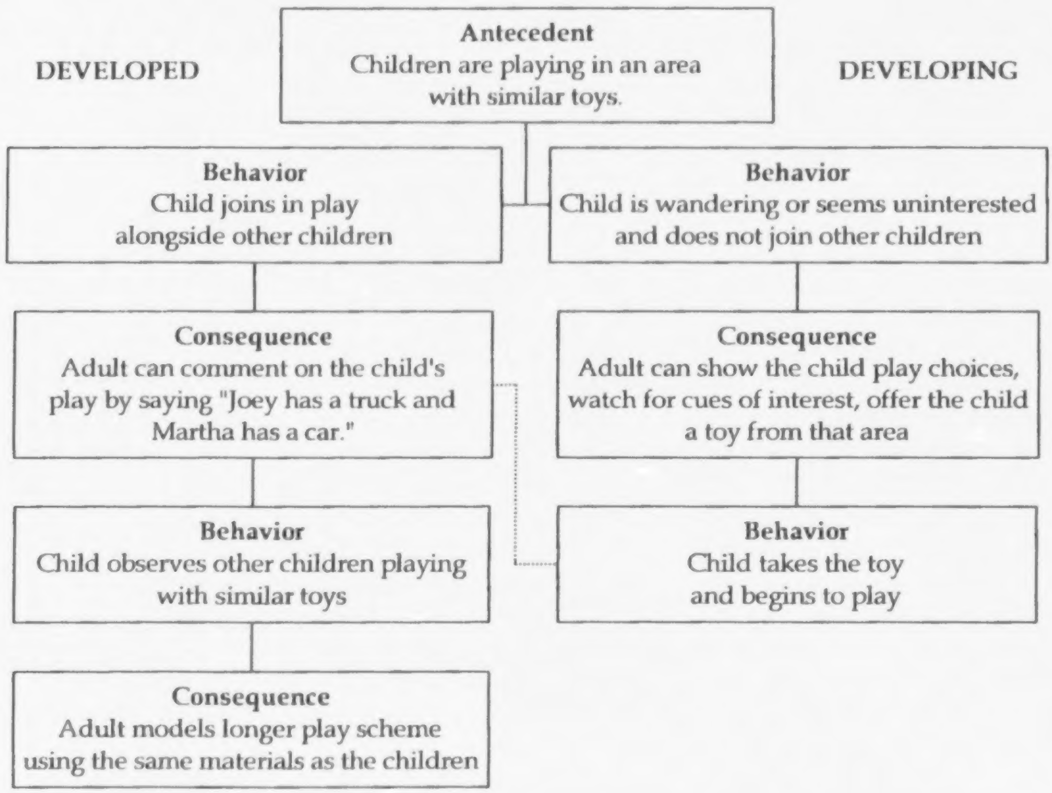
- The child currently plays well alone, but tends to have difficulty playing in the presence of other children.

**Things To Look For:**

- What are the consequences for the child when playing near others (e.g., does the child become unoccupied or distracted)?
- Does the child have difficulty when it is necessary to sit with other children in more structured group activities (e.g., snack, circle)?

## TEACHING PROCEDURE

Target Skill 3: Child plays near others using similar toys


DEVELOPED
DEVELOPING
**Antecedent**
Children are playing in an area with similar toys.
**Behavior**
Child joins in play alongside other children
**Behavior**
Child is wandering or seems uninterested and does not join other children
**Consequence**
Adult can comment on the child's play by saying "Joey has a truck and Martha has a car."
**Consequence**
Adult can show the child play choices, watch for cues of interest, offer the child a toy from that area
**Behavior**
Child observes other children playing with similar toys
**Behavior**
Child takes the toy and begins to play
**Consequence**
Adult models longer play scheme using the same materials as the children

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so the child sits near children that have good communication skills.
- To encourage future play with other children, select activities that require limited communication demands for play.
- If the child is nonverbal, a simple object/picture board can be constructed. Consult with a speech therapist/special educator on approaches to develop an augmentative communication system to teach the child choice making.

**Visual Impairments:**

- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field.
- Be aware of recommended room lighting and color contrasts.
- Narrate for the child when other children are approaching.
- Encourage other children to talk about what they are doing so the child is aware of the play activity.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities/toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity to the child. Encourage other children to do the same.

**Physical Or Health Impairments:**

- Select toys and activities that are easy for the child to play with.
- Position the child so they are near high preference activities.

- Φ Use appropriate positioning so the child will be close to the other children. Consult therapist(s) if necessary.
- Φ Use assistive tech devices, such as switches, to operate battery-operated toys.
- Φ Use Velcro or Dycem to stabilize toys.
- Φ Build up handles on items such as shovels, crayons, paint brushes, etc.
- Φ Consult an occupational therapist for individualized toy adaptations.

**Behavioral Challenges:**

For children who have difficulty sitting still:

- Φ Ensure that the child has an opportunity to play along side other children involved in a variety of movement-based activities (e.g., playing with cars or trucks).
- Φ Allow the child to change activities frequently.
- Φ Frequently vary the activities and materials in the child's environment.

For children who get easily distracted:

- Φ Use boundaries (e.g., chairs, dividers, mats) to limit distractions.
- Φ Use high barriers between areas.
- Φ Allow the child to change activities frequently.
- Φ Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

**Cognitive Disabilities:**

- Φ Task analyze activities for instructional purposes.
- Φ Provide a variety of preferred activities for the child.
- Φ Point out other children who are playing appropriately to serve as a model for the child.

- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

**Ideas On How To Teach This Skill:**

- Think of ways to arrange it so children can play with the same toy or materials near one another. One idea is to read a story book during circle time that involves textures (e.g., Pat the Bunny, The Snowy Day). Then, place textures from the book (e.g., cotton balls, ice) in small buckets for the children to feel. This activity gives children a shared understanding of the textures and provides a fun opportunity for children to play along side one another with similar materials.

**Think About What Is In The Child's Environment:**

Toys: - painting materials
- puzzles or other table top materials
- sand/water toys
- blocks
- cars/trucks
- snack items
- work bench/tools

Activities: - snack time
- circle
- free play

Settings: - home
- classroom
- play groups
- playground

# Target Skill # 4

# Child Watches the Activities of Others

**Rationale:**

- For a child to understand how to play with other children, he/she needs to spend time watching other children. Watching others allows children to see successful and unsuccessful play strategies, such as how to enter into a group, maintain play, and resolve conflicts. Children also observe different play themes to imitate while playing with other children.

**Consider Starting Here If:**

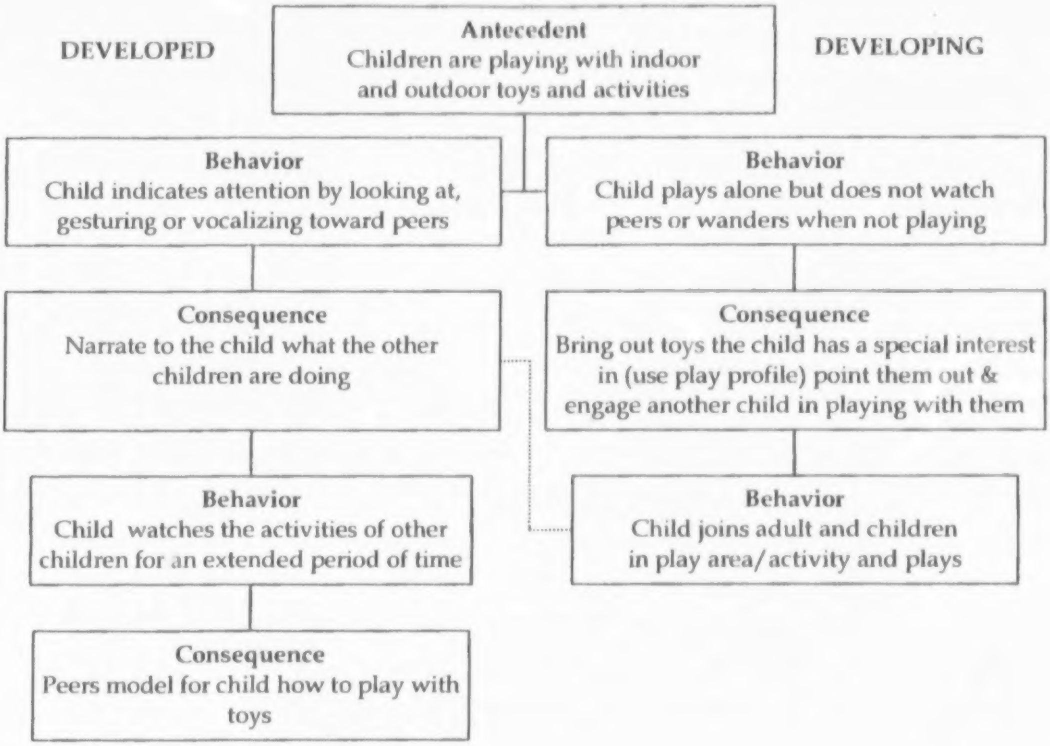
- The child is unoccupied most of the time and/or the child has difficulty playing with peers.

**Things To Look For:**

- Does the child's disabling condition limit noticing or acknowledging the approaches of other children (e.g., sensory impairments, communication impairment)?
- Does the child have the appropriate receptive language skills to understand the initiation of other children?

## TEACHING PROCEDURE

Target Skill 4: Child watches the activities of other children


DEVELOPED
Antecedent
Children are playing with indoor and outdoor toys and activities
DEVELOPING
Behavior
Child indicates attention by looking at, gesturing or vocalizing toward peers
Behavior
Child plays alone but does not watch peers or wanders when not playing
Consequence
Narrate to the child what the other children are doing
Consequence
Bring out toys the child has a special interest in (use play profile) point them out & engage another child in playing with them
Behavior
Child watches the activities of other children for an extended period of time
Behavior
Child joins adult and children in play area/activity and plays
Consequence
Peers model for child how to play with toys

## SUGGESTED ADAPTATIONS

### Communication Impairments:

- Structure the situation so that the child is near children that have good communication skills.
- Accept alternative forms of communication (e.g., facial expressions, gestures) as indicators that the child is attending to other children.
- Elaborate on communication interactions between the other children.
- To encourage future play with other children, select activities that require limited communication demands for play.
- If the child is nonverbal, a simple object/picture board can be constructed. Consult with a speech therapist/special education teacher on approaches to develop an augmentative communication system.

### VISUAL IMPAIRMENTS:

- Describe to the child what the other children are doing. Children can also be taught to describe their behaviors to the child.
- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity to the child, encourage other children to do the same.

**Physical Or Health Impairments:**

- Select toys and activities that are easy for the child to play with.
- Focus on periods in the day when children remain stationary during group play.
- Position the child so that they are near high preference toys.
- Use assistive technology devices, such as switches, to operate battery operated toys.
- Use Velcro or Dycem to stabilize toys.
- Build up handles of items such as toy shovels, crayons, paint brushes, etc.

**Behavioral Challenges:**

For children who have difficulty sitting still:

- Focus on gross motor activities, such as outdoor play.
- Allow the child to change activities frequently.
- Frequently vary the activities and materials in the child's environment.

### For children who get easily distracted:

- Use boundaries (e.g., chairs, dividers, mats) to limit distractions.
- Use high barriers between areas.
- Allow the child to change activities frequently.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

### For children who are aggressive:

- While observing the group, identify appropriate social and play skills to the child.
- Have the child role play appropriate social and play skills with adults and/or other children.

## Cognitive Disabilities:

- While observing the group, identify appropriate social and play skills to the child.
- Have the child role play appropriate social and play skills with adults and/or other children.
- Task analyze activities for instructional purposes.
- Provide a variety of preferred activities for the child.
- Point out other children who are playing appropriately to serve as models for the child.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

**Ideas On How To Teach This Skill:**

- Φ A fun way to get children to observe one another is to have a "play" (e.g., "going to the store"). Select a few children who will serve as the "actors". Provide real items for the children to purchase and put in a bag. Later move these materials into a play area so children can choose to play "store". This would be a great introduction or follow up activity for a real trip to the store.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys: | - painting materials<br>- puzzles or other table top materials<br>- sand/water toys<br>- blocks<br>- cars/trucks<br>- snack items<br>- work bench/tools |
| Activities: | - snack time<br>- circle<br>- free play |
| Settings: | - home<br>- classroom<br>- play groups<br>- playground |

# Target Skill # 5

# Child Plays with Adults

**Rationale:**

- Children will play where they feel most comfortable and where they get the most satisfaction. Initially, it is easier for children to interact with adults than with other children. This is because adults are better able to give young children the structure they need in order to interact with others. By practicing these interactions with adults, children will learn valuable interaction skills they can then use to play with other children. Eventually, adults can help to facilitate the child's interactions with other children.

**Consider Starting Here If:**

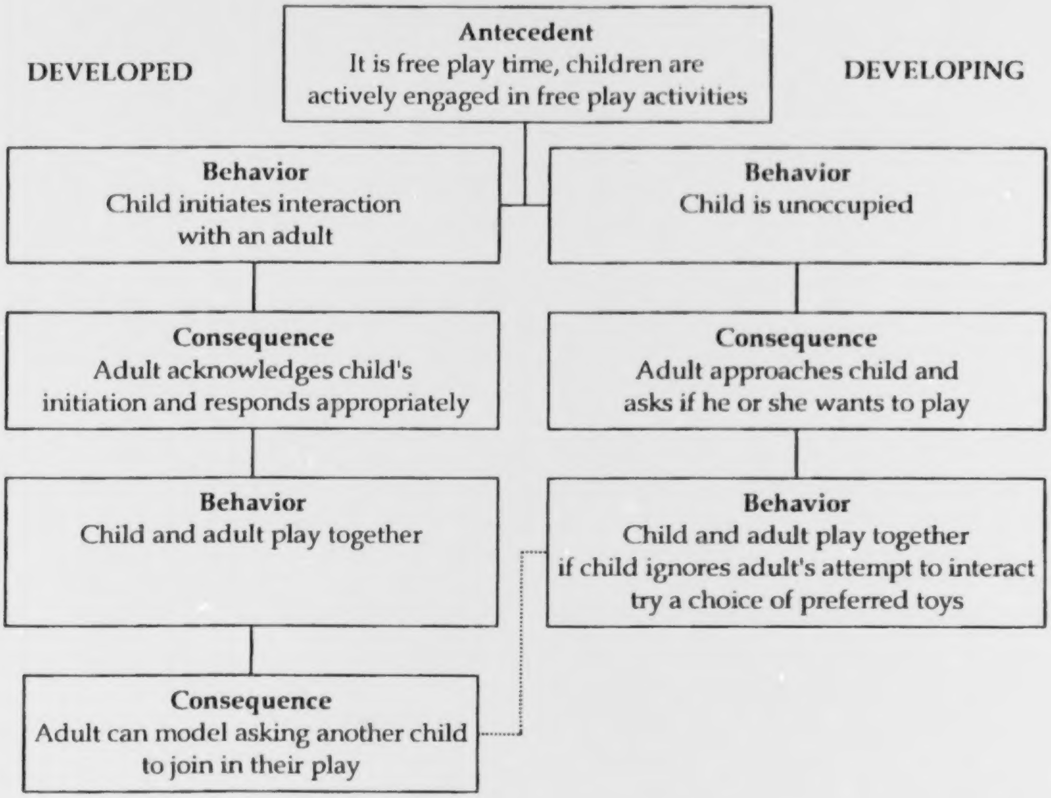
- The child does not interact with children or adults in their environment.

**Things To Look For:**

- Does the child tend to not interact with people (children or adults) in their environment?
- Is the child unable to respond to requests, comments, etc., from children or adults?
- Does the child's disability interfere with their interactions with others?
- Does the child fail to ask for assistance from adults in their environment?

## TEACHING PROCEDURE

Target Skill 5: Child plays with adults



DEVELOPED

DEVELOPING

**Antecedent**
It is free play time, children are actively engaged in free play activities

**Behavior**
Child initiates interaction with an adult

**Consequence**
Adult acknowledges child's initiation and responds appropriately

**Behavior**
Child and adult play together

**Consequence**
Adult can model asking another child to join in their play

**Behavior**
Child is unoccupied

**Consequence**
Adult approaches child and asks if he or she wants to play

**Behavior**
Child and adult play together if child ignores adult's attempt to interact try a choice of preferred toys

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so the child is near children that have good communication skills.
- Accept alternative forms of communication (e.g., facial expressions, gestures) as indicators that the child is attending to other children.
- Elaborate on communication interactions between the other children.
- To encourage future play with other children, select activities that require limited communication demands for play.
- If the child is nonverbal, a simple object/picture board can be constructed. Consult with a speech therapist/special education teacher on approaches to develop an augmentative communication system.

**Visual Impairments:**

- Describe to the child what the other children are doing. Children can also be taught to describe their behaviors to the child.
- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity to the child, encourage other children to do the same.

**Physical Or Health Impairments:**

- Select toys and activities that are easy for the child to play with.
- Focus on periods in the day when children remain stationary during group play.
- Position the child so that he or she is near high preference toys.
- Use assistive technology devices, such as switches, to operate battery operated toys.
- Use Velcro or Dycem to stabilize toys.
- Build up handles on items such as toy shovels, crayons, paint brushes, etc.

**Behavioral Challenges:**

For children who have difficulty sitting still:

- Focus on gross motor activities, such as outdoor play.
- Allow the child to change activities frequently.
- Frequently vary the activities and materials in the child's environment.

For children who get easily distracted:

- Use boundaries (e.g., chairs, dividers, mats) to limit distractions.
- Use high barriers between areas.
- Allow the child to change activities frequently.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are aggressive:

- While observing the group, identify appropriate social and play skills to the child.

- Have the child role play appropriate social and play skills with adults and/or other children.

**Cognitive Disabilities:**

- While observing the group, identify appropriate social and play skills to the child.
- Have the child role play appropriate social and play skills with adults and/or other children.
- Task analyze activities for instructional purposes.
- Provide a variety of preferred activities for the child.
- Point out other children who are playing appropriately to serve as models for the child.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

**Ideas On How To Teach This Skill:**

- Use real or toy telephones for the adult and the child to talk to each other. This will give the child a fun opportunity to talk with an adult. It can also lead to more developed "pretend play" with other children.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys: | -blocks<br>-balls<br>-telephone |
| Activities: | -circle time<br>-transition times<br>-free play<br>-outside play |
| Settings: | -home (e.g., bed time, daily routines, play time)<br>-classroom<br>-community (e.g., church, stores, restaurants) |

# Target Skill # 6

# Child Acknowledges Interactions of Other Children

**Rationale:**

- Acknowledging a child's initiation encourages the other children to continue interacting with a child. These brief interactions eventually lead to extended interactions between children. On the other hand, when a child does not acknowledge another child's actions, the approaching child may be less likely to play with that child in the future. Therefore, this potentially limits the child's chances for interactions with the approching child in the future.

**Consider Starting Here If:**

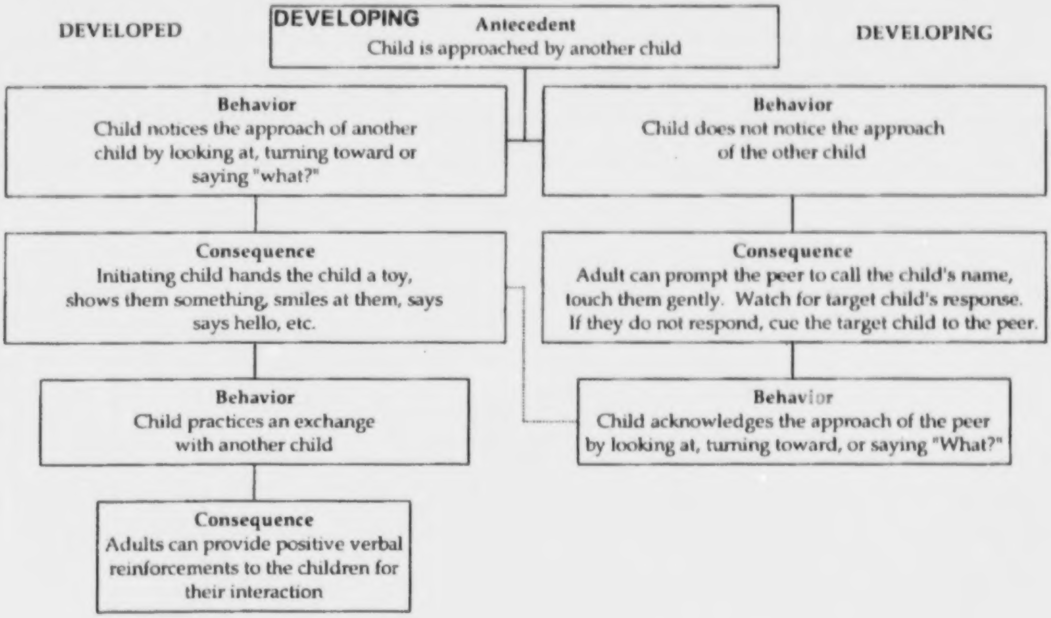
- The child is able to play alone, but ignores the approaches and initiations of other children.

**Things To Look For:**

- Does the child appear to understand the initiations of other children?
- Does the child ignore the initiations of other children?
- Does the child's disability impact their ability to acknowledge other children's interactions?
- Do children in the environment know how to best interact with the child?

## TEACHING PROCEDURE

Target Skill 6: Child acknowledges the interactions of other children



DEVELOPED

DEVELOPING

**Antecedent**
Child is approached by another child

DEVELOPING

**Behavior**
Child notices the approach of another child by looking at, turning toward or saying "what?"

**Consequence**
Initiating child hands the child a toy, shows them something, smiles at them, says says hello, etc.

**Behavior**
Child practices an exchange with another child

**Consequence**
Adults can provide positive verbal reinforcements to the children for their interaction

**Behavior**
Child does not notice the approach of the other child

**Consequence**
Adult can prompt the peer to call the child's name, touch them gently. Watch for target child's response. If they do not respond, cue the target child to the peer.

**Behavior**
Child acknowledges the approach of the peer by looking at, turning toward, or saying "What?"

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child is near children that have good communication skills.
- Accept alternative forms of communication (e.g., facial expressions, gestures) as indicators that the child is attending to other children.
- Elaborate on communication interactions between the other children.
- To encourage future play with other children, select activities that require limited communication demands for play.
- If the child is nonverbal, a simple object/picture board can be constructed. Consult with a speech therapist/special education teacher on approaches to develop an augmentative communication system.

**Visual Impairments:**

- Describe to the child what the other children are doing. Children can also be taught to describe their behaviors to the child.
- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.

- Use natural gestures when explaining the activity to the child, encourage other children to do the same

**Physical Or Health Impairments:**

- Select toys and activities that are easy for the child to play with.
- Focus on periods in the day when children remain stationary during group play.
- Position the child so that they are near high preference toys.
- Use assistive technology devices, such as switches, to operate battery operated toys.
- Use Velcro or Dycem to stabilize toys.
- Build up handles on items such as toy shovels, crayons, paint brushes, etc.

**Behavioral Challenges:**

For children who have difficulty sitting still:

- Focus on gross motor activities, such as outdoor play.
- Allow the child to change activities frequently.
- Frequently vary the activities and materials in the child's environment.

For children who get easily distracted:

- Use boundaries (e.g., chairs, dividers, mats) to limit distractions.
- Use high barriers between areas.
- Allow the child to change activities frequently.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are aggressive:

- While observing the group, identify appropriate social and play skills to the child.
- Have the child role play appropriate social and play skills with adults and/or other children.

**Cognitive Disabilities:**

- While observing the group, identify appropriate social and play skills to the child.
- Have the child role play appropriate social and play skills with adults and/or other children.
- Task analyze activities for instructional purposes.
- Provide a variety of preferred activities for the child.
- Point out other children who are playing appropriately to serve as models for the child.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

**Ideas On How To Teach This Skill**

- Here's a simple game that can be used to teach the acknowledgment of the initiations of other children. It's called the "Hello and Good-bye Game." Have a child wave good-bye and leave the area. Encourage the other children to say, "Good-bye." Then have the child return to the group, encouraging him or her to say hello to everyone in the group. A "theme" such as trains can also be used with this activity. For example, set up some chairs to resemble a train and have the children practice getting "on" and "off" the train.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys: | -blocks<br>-balls |
| Activities: | -circle time<br>-free play<br>-snack time |
| Settings: | -play group<br>-classroom<br>-playing with neighborhood children or siblings |

# Target Skill # 7

## Child Engages in Brief Exchanges with Other Children

**Rationale:**

Φ The ability for young children to engage in brief periods of exchanges with other children is critical to the development of expanded opportunities for play with others in the future. During these brief exchanges children begin to learn important play skills such as turn taking and responding to others.

**Consider Starting Here If:**

Φ The child does not participate in brief encounters with other children.

**Things To Look For:**

Φ Does the child tend to be alone during free play periods?

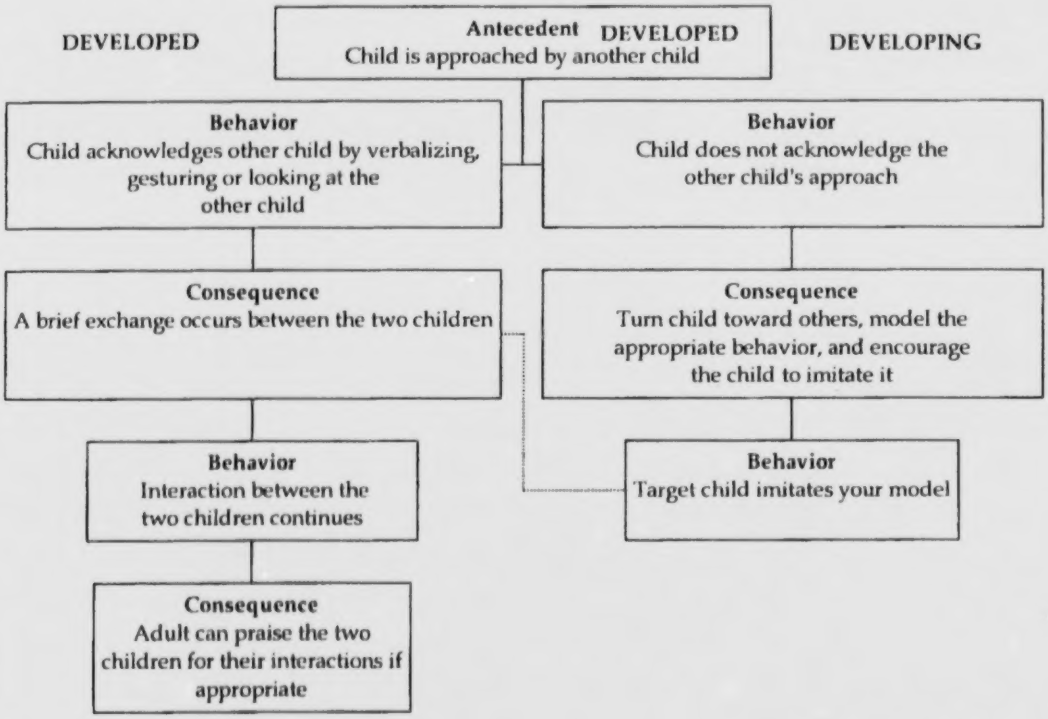
Φ Does the child not respond to the initiations of other children?

Φ Does the child tend to interact more with adults than with other children?

Φ Does the child's disability impact their ability to interact with other children?

## TEACHING PROCEDURE

Target Skill 7: Child engages in brief exchanges with other children


DEVELOPED
Antecedent
DEVELOPED
Child is approached by another child
DEVELOPING
Behavior
Child acknowledges other child by verbalizing, gesturing or looking at the other child
Behavior
Child does not acknowledge the other child's approach
Consequence
A brief exchange occurs between the two children
Consequence
Turn child toward others, model the appropriate behavior, and encourage the child to imitate it
Behavior
Interaction between the two children continues
Behavior
Target child imitates your model
Consequence
Adult can praise the two children for their interactions if appropriate

## SUGGESTED ADAPTATIONS

### Communication Impairments:

- Structure the situation so that the child is near children that have good communication skills.
- Accept alternative forms of communication (e.g., facial expressions, gestures) as indicators that the child is attending to other children.
- Elaborate on communication interactions between the other children.
- To encourage future play with other children, select activities that require limited communication demands for play.
- If the child is nonverbal, a simple object/picture board can be constructed. Consult with a speech therapist/special education teacher on approaches to develop an augmentative communication system.

### Visual Impairments:

- Describe to the child what the other children are doing. Children can also be taught to describe their behaviors to the child.
- Use brightly colored toys that make sound or have interesting textures.
- Be aware of optimal positioning for the child's visual field.
- Be aware of recommended room lighting and color contrasts.

### Hearing Impairments:

- Point of gesture to reference points (e.g., activities or toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity to the child, encourage other children to do the same

**Physical Or Health Impairments:**

- Select toys and activities that are easy for the child to play with.
- Focus on periods in the day when children remain stationary during group play.
- Position the child so that they are near high preference toys.
- Use assistive technology devices, such as switches, to operate battery operated toys.
- Use Velcro or Dycem to stabilize toys.
- Build up handles on items such as toy shovels, crayons, paint brushes, etc.

**BEHAVIORAL CHALLENGES:**

For children who have difficulty sitting still:

- Focus on gross motor activities, such as outdoor play.
- Allow the child to change activities frequently.
- Frequently vary the activities and materials in the child's environment.

For children who get easily distracted:

- Use boundaries (e.g., chairs, dividers, mats) to limit distractions.
- Use high barriers between areas.
- Allow the child to change activities frequently.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are aggressive:

- While observing the group, identify appropriate social and play skills to the child.

Φ Have the child role play appropriate social and play skills with adults and/or other children.

**Cognitive Disabilities:**

Φ While observing the group, identify appropriate social and play skills to the child.

Φ Have the child role play appropriate social and play skills with adults and/or other children.

Φ Task analyze activities for instructional purposes.

Φ Provide a variety of preferred activities for the child.

Φ Point out other children who are playing appropriately to serve as models for the child.

Φ Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

**Ideas On How To Teach This Skill**

Φ A fun and easy way to teach this skill is in morning time. Play the "Good Morning Game"! Have the children sit in a circle and say, "Good Morning," to the people next to them. If vocalization is not possible, a simple wave "hello" will do!

**Think About What Is In The Child's Environment:**

Toys:
- painting materials
- puzzles or other table top materials
- sand/water toys
- blocks
- cars/trucks
- snack items
- work bench/tools

Activities:
- snack time
- circle
- free play

Setting:
- home
- classroom
- play groups
- playground

# Target Skill # 8

## Child Engages in Role Reversals During Social Games

**Rationale:**

- The first step toward actually interacting with other children is for a child to engage in simple exchanges with other children. These "role reversals" teach the child important interaction skills such as turn taking and the development of a shared "frame of reference" for an activity.

**Consider Starting Here If:**

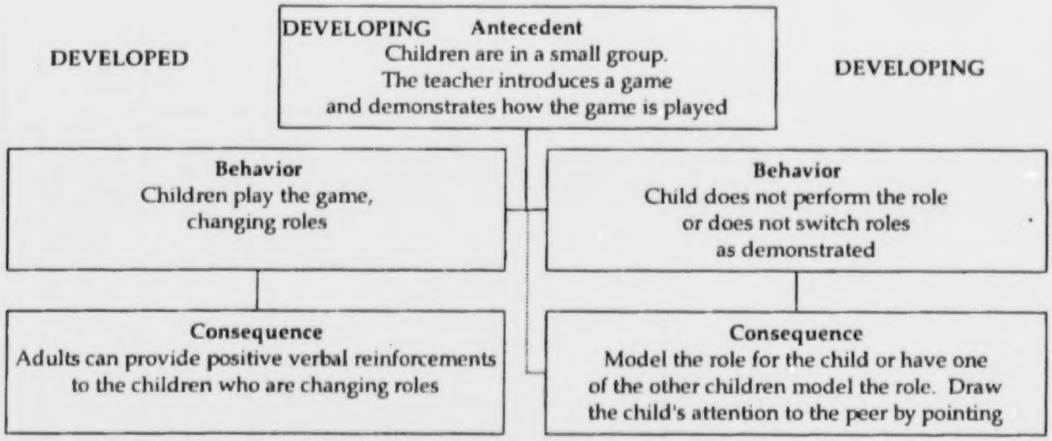
- The child engages in simple brief responses or exchanges with other children.

**Things To Look For:**

- Does the child participate in brief exchanges with other children?
- Does the child have difficulty taking turns with other children?
- Does the child appear to not understand how to "change roles" with other children when playing (e.g., I'll roll the ball and you kick it, and then you can roll the ball to me and I'll kick it)?
- Does the child's disability interfere with their ability to "switch roles" while playing with other children (e.g., not able to understand expectations due to a cognitive disability, not being able to perform both "roles" due to a physical disability)?

## TEACHING PROCEDURE

Target Skill 8: Child engages in role reversals during social games



DEVELOPED

DEVELOPING **Antecedent**
Children are in a small group.
The teacher introduces a game
and demonstrates how the game is played

DEVELOPING

**Behavior**
Children play the game,
changing roles

**Consequence**
Adults can provide positive verbal reinforcements
to the children who are changing roles

**Behavior**
Child does not perform the role
or does not switch roles
as demonstrated

**Consequence**
Model the role for the child or have one
of the other children model the role. Draw
the child's attention to the peer by pointing

BEST COPY AVAILABLE

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child is grouped with children who will serve as good role models.
- Select activities that require limited communication demands for play.
- Select activities that the child may already be familiar with.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Adjust the child's communication system to allow better interactions with other children during the activity.

**Visual Impairments:**

- Describe the desired roles and behaviors to the child. Instruct other children to do the same.
- Select activities that have easily described roles.
- Select activities that the child is already familiar with.
- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.

- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

**Behavioral Challenges:**

For children who have difficulty sitting still:

- Focus on gross motor activities, such as kick ball.
- Structure activities for very short periods of time at first. Then, gradually increase time periods.
- Assign the child to play with only one child at first to minimize "down time" and simplify sharing and turn taking.
- Frequently vary the activities and games.

For children who get easily distracted:

- Use boundaries (e.g., chairs, divers, mats) to limit distractions.
- Select very simple games to begin with, gradually move to more complex games.
- Assign the child to play with only one child at first to minimize "down time" and simplify sharing and turn taking.
- Allow the child to change activities frequently.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Start with games that require less interaction, then increase to higher level games.
- Prior to playing the game, have the child watch other children playing appropriately.
- Have the child role play appropriate social and play skills with adults and/or other children.
- Explicitly describe and model the expected behavior for the child.

**Cognitive Disabilities:**

- Select games that are simple and familiar to the child.
- Task analyze the game (both roles) for instructional purposes.
- Pair the child with children who will serve as good role models.
- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

**Ideas On How To Teach This Skill:**

- If you stop and think about it there are many games that children can play where they can "switch roles." Examples include: playing kickball, catch, follow the leader, tag.
- You can also set up a "bowling alley" area during free play. Children can take turns rolling the ball and setting up the pins.

**Think About What Is In The Child's Environment:**

Toys:
- balls
- bowling ball and pins
- "dress up" clothes

Activities:

Simple:
- basketball
- kick ball

More complex:
- run and chase (tag)
- follow the leader

Settings:
- playground
- classroom
- free play
- home

# Target Skill # 9

# Child Engages in Simple Pretend Play

**Rationale:**

- "Pretend play" is a major milestone in the social development of toddlers. It requires many complex social skills including: having a shared understanding of the activity, turn taking, and self regulation. This target skill focuses on simple "pretend play" which is the building block of more complex forms of pretend play which require the understanding of abstract themes and roles.

**Consider Starting Here If:**

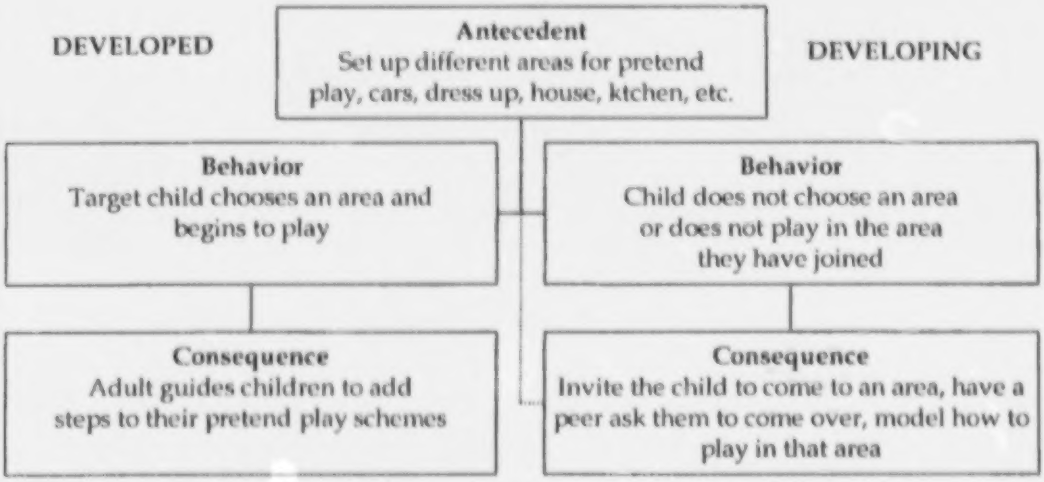
- The child is having difficulty in maintaining simple pretend play with other children.

**Things To Look For:**

- Does the child have difficulty maintaining simple play with other children?
- Does the child appear to not understand his or her role in simple play schemes with other children?
- Is the child excluded from simple group play by other children? Could this be due to the fact that the child does not understand what is expected of him or her in simple pretend play activities?
- Does the child's disability impact their ability to interact with other children in simple pretend play activities?

## *TEACHING PROCEDURE*

Target Skill 9: Child engages in independent pretend play


DEVELOPED
Antecedent
Set up different areas for pretend play, cars, dress up, house, ktchen, etc.
DEVELOPING
Behavior
Target child chooses an area and begins to play
Behavior
Child does not choose an area or does not play in the area they have joined
Consequence
Adult guides children to add steps to their pretend play schemes
Consequence
Invite the child to come to an area, have a peer ask them to come over, model how to play in that area

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child is grouped with children who will serve as good role models.
- Select activities that require limited communication demands for play.
- Select activities that the child may already be familiar with.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to allow for pretend play activities with other children during the activity.

**Visual Impairments:**

- Describe the desired roles and behaviors to the child. Instruct other children to do the same.
- Select activities that have easily described roles.
- Select activities that the child is already familiar with.
- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.

Φ Ensure that you have the child's attention before interacting with the child.

Φ Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.

Φ Ensure the other children know how to effectively communicate with the child.

**Behavioral Challenges:**

For children who have difficulty sitting still:

Φ Structure the activity so the child has a role that requires movement.

Φ Structure the activity for very short periods of time at first. Then, gradually increase the time period.

Φ Assign the child to play with only one other child at first to minimize "down time" and simplify sharing and turn taking.

Φ Frequently vary the activities and games.

For children who get easily distracted:

Φ Use boundaries (e.g., chairs, dividers, mats) to limit distractions.

Φ Select very simple games to begin with, gradually move to more complex games.

Φ Assign the child to play with only one child at first to minimize "down time" and simplify sharing and turn taking.

Φ Allow the child to change activities frequently.

Φ Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Start with games that require less interaction, then increase to higher level games.
- Prior to playing the game, have the child watch other children playing appropriately.
- Have the child role play appropriate social and play skills with adults and/or other children.
- Explicitly describe and model the expected behaviors for the child prior to and during the activity.

### Cognitive Disabilities:

- Select games that are simple and familiar to the child.
- Task analyze the game for instructional purposes.
- Pair the child with children who will serve as good role models.
- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).
- Ensure that the child has prior experience with the game

### Ideas On How To Teach This Skill.:

- It is important to use functional objects for toddlers that are learning to "pretend play". These objects can be actual items (e.g., dress up clothes in the dress up area, empty food containers in the shopping area) or replicas of real objects in the child's world (e.g., kitchen play set, toy cars and trucks).
- Make sure there are plenty of play objects in each area so that each child can have materials (or props) during pretend play activities. Children should be encouraged to switch materials and roles during play times.
- Set up new and different "play areas" for the children to play in during free time. Introducing new areas will keep things exciting for the children and the adults in the classroom!

Φ Take the time to introduce new "play areas" during circle time. First, for example, read a book about a "theme" such as "cars." Then, introduce a newly set up play area for the children to "pretend play" with the cars. Show the children the different items in the play area and talk about each one. Model some ideas for playing with the cars and ask the children to come up with ideas about how to play with the cars. Also, model simple exchanges that can occur between the children by asking for a child to volunteer to "role play" for the group.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys: | - dress up materials (especially hats!)<br>- kitchen sets<br>- dolls<br>- cars and trucks<br>- shopping items (e.g., empty food containers, a play (or real!) cash register |
| Activities: | - free play<br>- circle time |
| Settings: | - classroom<br>- play group<br>- playground<br>- home |

# Target Skill # 10

## Child Engages in Complex Pretend Play

**Rationale:**

- Engaging in social pretend play requires complex communication skills (e.g., planning and negotiating) regarding play themes, roles, and scripts. This is the most complex form of play for young children. Children that are able to engage in social pretend play for extended periods of time increase the opportunity for developing meaningful friendships with other children. Developmentally, toddlers do not engage in periods of extended complex play.

**Consider Starting Here If:**

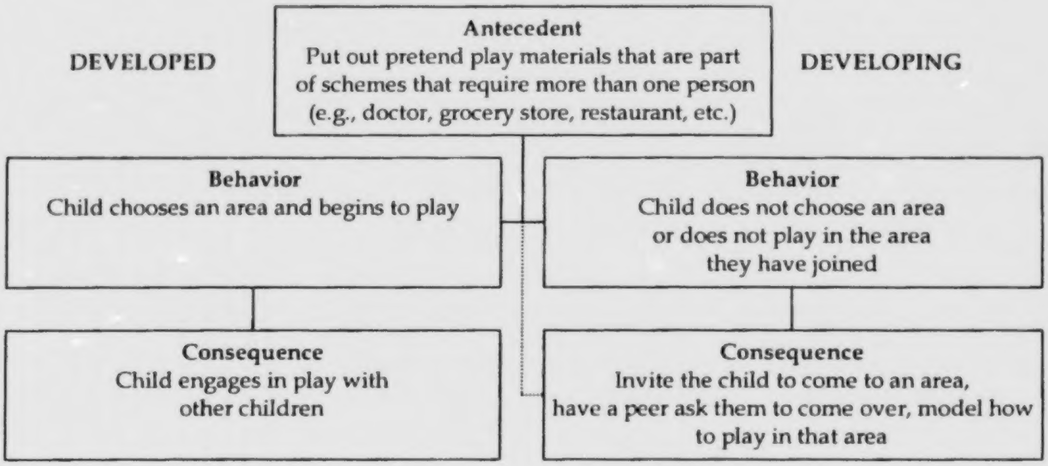
- The child is successful at engaging in simple (functional) pretend play activities (e.g., house/kitchen, cars) but does not engage in more complex forms of play that involve themes, roles, and scripts.

**Things To Look For:**

- Does the child have difficulty maintaining complex pretend play with other children?
- Does the child appear to not understand his or her role in complex play schemes with other children?
- Is the child excluded from complex forms of group play by other children? Could this be due to the fact that the child does not understand what is expect or him or her in complex pretend play activities?
- Does the child's disability impact their ability to interact with other children in complex pretend play activities?

## TEACHING PROCEDURE

Target Skill 10: Child engages in pretend play with other children



**DEVELOPED**

**DEVELOPING**

**Antecedent**
Put out pretend play materials that are part of schemes that require more than one person (e.g., doctor, grocery store, restaurant, etc.)

**Behavior**
Child chooses an area and begins to play

**Consequence**
Child engages in play with other children

**Behavior**
Child does not choose an area or does not play in the area they have joined

**Consequence**
Invite the child to come to an area, have a peer ask them to come over, model how to play in that area

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so the child is grouped with children who will serve as good role models.
- Select activities that require limited communication demands for play.
- Select activities that the child may already be familiar with.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children on how to best interact with the child.
- Expand the child's communication system to allow for pretend play activities with other children during the activity.

**Visual Impairments:**

- Describe the desired roles and behaviors to the child. Instruct other children to do the same.
- Select activities that have easily described roles.
- Select activities that are familiar to the child.
- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

**Behavioral Challenges:**

For children who have difficulty sitting still:

- Structure the activity so the child has a role that requires movement.
- Structure the activity for very short periods of time at first. Then, gradually increase the time period.
- Assign the child to play with only one other child at first to minimize "down time" and simplify sharing and turn taking.
- Frequently vary the activities and games.

For children who get easily distracted:

- Use boundaries (e.g., chairs, divers, mats) to limit distractions.
- Select very simple games to begin with, gradually move to more complex games.
- Assign the child to play with only one other child at first to minimize "down time" and simplify sharing and turn taking.
- Allow the child to change activities frequently.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Start with games that require less interaction, then increase to higher level games.
- Prior to playing the game, have the child watch other children playing appropriately.
- Have the child role play appropriate social and play skills with adults and/or other children.
- Explicitly describe and model the expected behaviors for the child prior to and during the activity.

**Cognitive Disabilities:**

- Select games that are simple and familiar to the child.
- Task analyze the game for instructional purposes.
- Pair the child with children who will serve as good role models.
- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).
- Ensure that the child has prior experience with the game.

**Ideas On How To Teach This Skill:**

- It is important to use functional objects for toddlers that are learning to "pretend play". These objects can be actual items (e.g., dress up clothes in the dress up area, empty food containers in the shopping area) or replicas of real objects in the child's world (e.g., kitchen play set, toy cars and trucks).
- Make sure there are plenty of play objects in each area so each child can have materials (or props) during pretend play activities. Children should be encouraged to switch materials and roles during play times.
- Set up new and different "play areas" for the children to play in during free time. Introducing new areas will keep things exciting for the children and/or adults in the classroom!

Φ Take the time to introduce new "play areas" during circle time. First, for example, read a book about a "theme" such as "cars." Then, introduce a newly set up play area for the children to "pretend play" with the cars. Show the children the different items in the play area and talk about each one. Model some ideas for playing with the cars and ask the children to come up with ideas about how to play with the cars. Also, model some simple exchanges that can occur between the children by asking for a child to volunteer to "role play" for the group.

**Think About What Is In The Child's Environment:**

Toys:
- dress up materials (especially hats!)
- kitchen sets
- dolls
- cars and trucks
- shopping items (e.g., empty food containers, a play (or real!) cash register

Activities:
- free play
- circle time

Settings:
- classroom
- play group
- playground
- home

# Interactions with Others (Initiations)

**Overview:**

The area of Interactions with Others encompasses the final two sections of Section I of the Assessment of Peer Relations (APR). These sections are: Purpose of Initiations and Success of Initiations. These two areas are combined in this section of the curriculum since the success of a child's initiations with others (i.e., Success of Initiations) is actually the goal of teaching children how to initiate interactions with other children (i.e., Purpose of Initiations). When administering the APR it is important to determine the underlying purpose of a child's initiation (i.e., motivation) with a child, in addition to the outcome of the initiation (was it successful?). Specifically, Interacting with Others looks at the following types of initiations children may use with other children: gaining attention, acquiring toys, stopping a child's activity or behavior, eliciting or giving affection, asking permission, and proposing activities. These skills are listed below with the corresponding skill number and page numbers.

| Skill Number | Skill Description | Page Number |
|---|---|---|
| 11 | Child gains the attention of other children | |
| 12 | Child acquires toys/materials from other children | |
| 13 | The child stops another child's action or activity | |
| 14 | The child gives affection | |
| 15 | The child gets permission from other children | |
| 16 | The child gets information from other children | |
| 17 | The child will propose joint activities with other children. | |

# Target Skill # 11

# Child Gains the Attention of Others

**Rationale:**

- Gaining the attention of others is the first step to a successful initiation or interaction with another child. This is necessary so children can engage in some form of interaction (e.g., playing, asking a question, sharing materials, trading toys, etc.).

**Consider Starting Here If:**

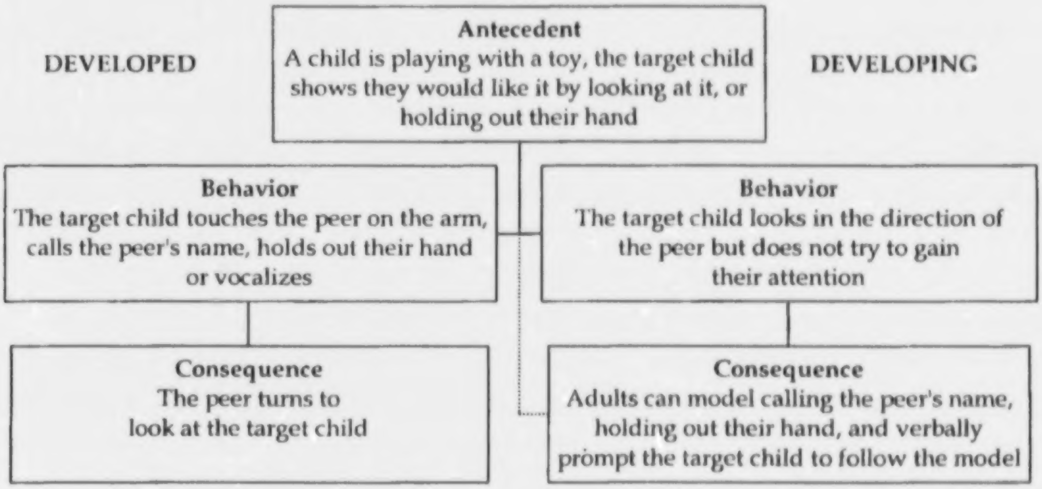
- The child is able to play with other children (even responding to their requests) but does not actively attempt to initiate interactions with other children.

**Things To Look For:**

- Does the child play in small groups with other children?
- During play times, do other children initiate interactions with the child? If so, does the child respond appropriately to these initiations?
- Do you notice that the child's interactions with other children are one-sided (e.g., children initiate interactions with the child, the child may or may not respond to these initiations, but the child does not initiate similar interactions)?

## TEACHING PROCEDURE

Target Skill 11: Child gains the attention of other children



DEVELOPED

DEVELOPING

**Antecedent**
A child is playing with a toy, the target child shows they would like it by looking at it, or holding out their hand

**Behavior**
The target child touches the peer on the arm, calls the peer's name, holds out their hand or vocalizes

**Consequence**
The peer turns to look at the target child

**Behavior**
The target child looks in the direction of the peer but does not try to gain their attention

**Consequence**
Adults can model calling the peer's name, holding out their hand, and verbally prompt the target child to follow the model

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children on how to best interact with the child.
- Expand the child's communication system to facilitate interactions with other children.

**Visual Impairments:**

- Describe the desired behaviors to the child. Instruct other children to do the same.
- Select activities familiar to the child.
- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

**Behavioral Challenges:**

For children who have difficulty sitting still:

Φ Work on this skill during activities which require movement, such as outdoor play.

Φ Structure initiations for very short periods of time at first. Then gradually increase the time period.

For children who get easily distracted:

Φ Use boundaries (e.g., chairs, dividers, mats) to limit distractions.

Φ Select very simple requests to begin with, gradually move to more complex themes.

Φ Allow the child to change activities frequently.

Φ Keep environmental distractions to a minimum (e.g., loud music, other children).

For children who are overly assertive:

Φ Start with activities that require less interaction, then increase to higher level activities.

Φ Prior to the lesson, have the child watch other children initiate appropriate interactions.

Φ Have the child role play appropriate social and play skills with adults and/or other children.

Φ Explicitly describe and model the expected behaviors for the child prior to and during the lesson.

**Cognitive Disabilities:**

- Task analyze the activity for instructional purposes.
- Structure the situation so the child begins with very simple initiations.
- Pair the child with children who will serve as good role models.
- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

**Ideas For Teaching This Skill:**

- Withhold objects or hide objects to elicit requests
- Change the child's routine in some way to elicit language.

**Think About What Is In The Child's Environment:**

Materials: - snack items
- toys

Activities: - classroom routines (e.g., arrival, departure, transition time, free play, circle time, snack time)
- home routines (e.g., meal times, play times, transition times)

Settings: - home
- classroom
- community settings

# Target Skill # 12

## Child Acquires Toys and/or Materials from Other Children

**Rationale:**

- In order for children to play in harmony with one another they must learn how to appropriately ask each other for materials and/or toys. Not knowing how to approach other children for this reason will result in the child being unable to get materials from other children or getting materials from other children in inappropriate ways (e.g., not asking first). Therefore, mastering this skill is important for children so they can better interact with each other and eventually engage in even more complex forms of social play.

**Consider Starting Here If:**

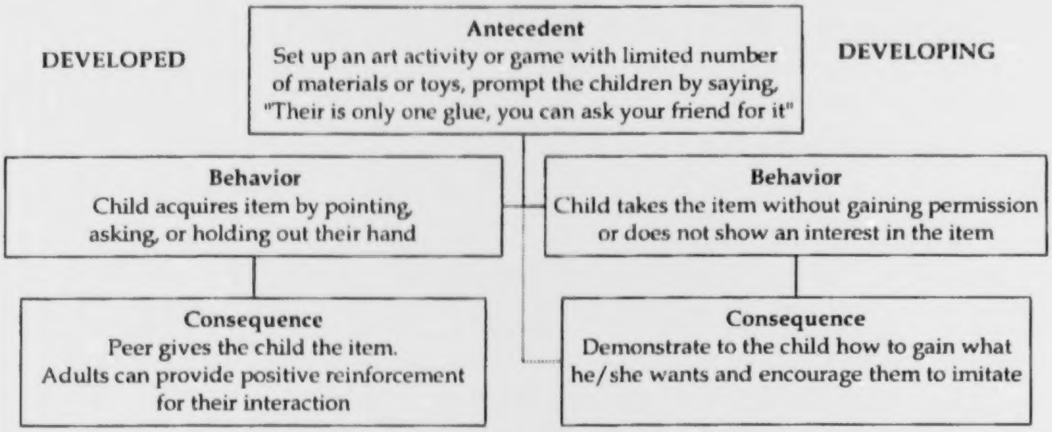
- The child has not demonstrated the ability to acquire materials from other children or does so inappropriately (e.g., taking toys without asking first).

**Things To Look For:**

- Does the child refrain from asking other children for toys or materials?
- Does the child take materials from other children without asking?

## TEACHING PROCEDURE

Target Skill 12: Child acquires toys and materials from other children



**DEVELOPED**

**DEVELOPING**

**Antecedent**
Set up an art activity or game with limited number of materials or toys, prompt the children by saying, "Their is only one glue, you can ask your friend for it"

**Behavior**
Child acquires item by pointing, asking, or holding out their hand

**Consequence**
Peer gives the child the item.
Adults can provide positive reinforcement for their interaction

**Behavior**
Child takes the item without gaining permission or does not show an interest in the item

**Consequence**
Demonstrate to the child how to gain what he/she wants and encourage them to imitate

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children on how to best interact with the child.
- Expand the child's communication system to facilitate interactions with other children.

**Visual Impairments:**

- Describe the desired behaviors to the child. Instruct other children to do the same.
- Use brightly colored toys that make sounds or have interesting textures.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

## Behavioral Challenges:

### For children who have difficulty sitting still:

- Work on this skill during activities which require movement, such as outdoor play.
- Structure initiations for very short periods of time at first. Then, gradually increase the time period.

### For children who get easily distracted:

- Use boundaries (e.g., chairs, divers, mats) to limit distractions.
- Select very simple requests to begin with, gradually move to more complex themes.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

### For children who are overly assertive:

- Start with requests that require less interaction, then increase to higher level requests.
- Prior to the lesson, have the child watch other children initiate appropriate interactions.
- Have the child role play appropriate social and play skills with adults and/or other children.
- Explicitly describe and model the expected behaviors for the child prior to and during the lesson.

## Cognitive Disabilities:

- Task analyze the activity for instructional purposes.
- Structure the situation so the child begins with very simple requests.
- Pair the child with children who will serve as good role models.
- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

**Ideas On How To Teach This Skill:**

- Think about all of the times children may have to get materials from someone. How about assigning a child to pass out materials or juice boxes to children?

- Small group activities are a great place to practice these skills. Each group's materials can be given to one child. The other children in the group can then ask that child for their materials.

- Art activities often require materials that have to be passed out to children. This is another opportunity to practice this skill.

- Plan an activity where there are lots of materials that the child needs to build or make something. For example, in a small group, assign the child to be a "construction worker" with the job of making a building out of blocks. The other children can be the block suppliers. Give the other children the blocks and tell the child to ask the other children for the blocks to construct the building. A similar activity can be performed at snack time, such as having the children make their own sundaes?

- When the amount of materials are limited during a small group activity, the opportunity is created for children to take turns, share, and interact with one another!

**Think About What Is In The Child's Environment:**

Materials: - art supplies
- snack items
- toys

Activities: - classroom routines (e.g., circle time, snack time)
- home routines (e.g., meal times, play times, transition times)

Settings: - home
- classroom
- community settings

# Target Skill # 13

## Child Stops Another Child's Action or Activity

**Rationale:**

- For children to gain a sense of control over their environment, they must be able to influence objects and people in their environment. An important social skill for toddlers to learn is that they can initiate an action that can make another child stop an action. This teaches children that they can use their communication skills to control their environment. Examples are: asking a small group of children to stop the merry-go-round or stopping another child from taking their space or toys.

**Consider Starting Here If:**

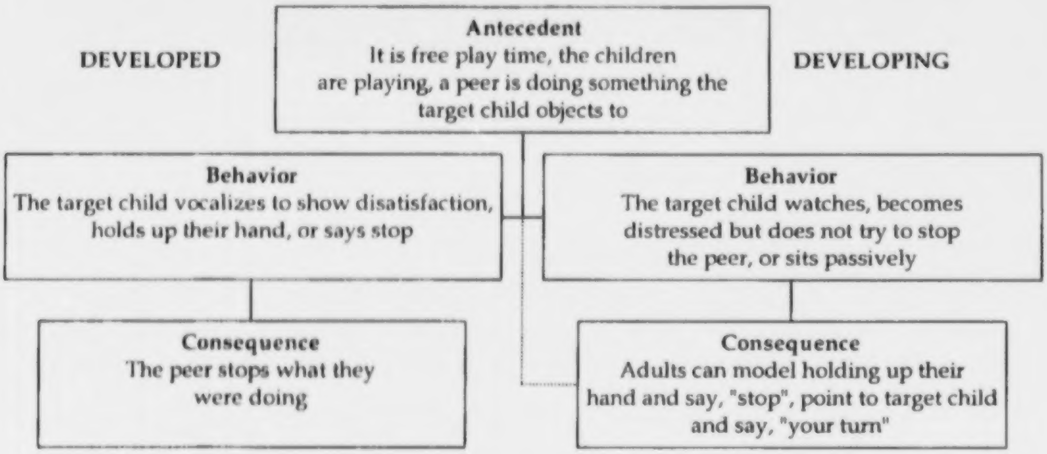
- The child does not defend his/her self or property.

**Things To Look For:**

- Does the child remain passive in small group play?
- Does the child resist other children taking their materials/toys or their space in line/circle?
- Does the child withdraw from an unpleasant situation rather than ask a child to stop an action?
- Does the child's disability impact their ability to initiate such an interaction with another child?

# TEACHING PROCEDURE

Target Skill 13: Child stops another child's action or activity



DEVELOPED

DEVELOPING

**Antecedent**
It is free play time, the children are playing, a peer is doing something the target child objects to

**Behavior**
The target child vocalizes to show disatisfaction, holds up their hand, or says stop

**Consequence**
The peer stops what they were doing

**Behavior**
The target child watches, becomes distressed but does not try to stop the peer, or sits passively

**Consequence**
Adults can model holding up their hand and say, "stop", point to target child and say, "your turn"

## SUGGESTED ADAPTATIONS

### Communication Impairments:

- Structure the situation so the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children on how to best interact with the child.
- Expand the child's communication system to facilitate interactions with other children.

### Visual Impairments:

- Describe the desired behaviors to the child. Instruct other children to do the same.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

### Hearing Impairments:

- Point or gesture to reference points (e.g., activities or toys) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

### Behavioral Challenges:

For children who have difficulty sitting still:

- Work on this skill during activities which require movement, like during outdoor games.

- Structure initiations for very short periods of time at first. Then, gradually increase the time period.

For children who get easily distracted:

- Use boundaries (e.g., chairs, dividers, mats) to limit distractions.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Have the child watch other children prior to their turn.

**Cognitive Disabilities:**

- Task analyze the activity for instructional purposes.
- Pair the child with children who will serve as good role models.
- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

**Ideas On How To Teach This Skill:**

- This skill can be practiced in lots of ways. Games like "red light-green light" can be adapted for this purpose. Have one child be the "stop light" and the other children be the "cars." Playing games like this will also help children learn how to listen and follow directions.
- This skill can also be practiced in circle time. Begin by being the person who tells the children to stop and go. Then let the other children have turns.
- This activity can also be done with other types of movement. The children can walk, hop, etc.

- Finally, encourage children to practice and learn this skill so they can use it in their everyday lives. Encourage children to tell another child to stop a behavior such as pushing, hitting, or taking materials.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys: | - set up a game so that children play with a toy and then stop when another child says so. Children take turns saying stop and go. |
| Activities: | - outdoor games like red light-green light, hopping, skipping, or walking outside |
| Settings: | - playground<br>- classroom<br>- home |

# Target Skill # 14

## Child Asks For or Gives Affection

**Rationale:**

- Another way to help build social skills is for children to learn to label and recognize feelings. A simple display of physical emotion can help a child interact on a level other than verbal communication.

**Consider Starting Here If:**

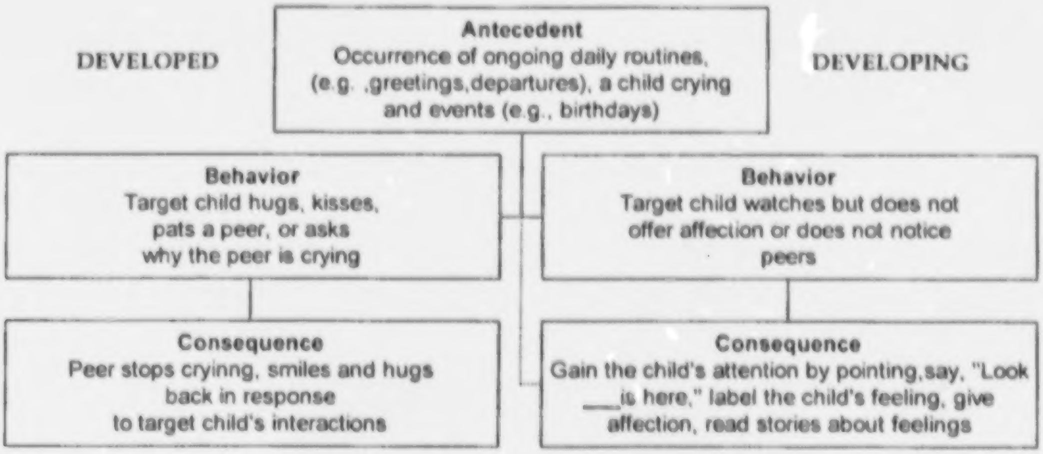
- The child has difficulty expressing his/her self and makes no physical contact with other children.

**Things To Look For:**

- Does the child tend to play alone?
- Does the child's disability affect his/her ability to spontaneously give affection?
- Does the child have a favorite playmate?

## TEACHING PROCEDURE

Target Skill 14: Child gives affection



DEVELOPED

DEVELOPING

**Antecedent**
Occurrence of ongoing daily routines, (e.g. ,greetings,departures), a child crying and events (e.g., birthdays)

**Behavior**
Target child hugs, kisses, pats a peer, or asks why the peer is crying

**Consequence**
Peer stops cryinng, smiles and hugs back in response to target child's interactions

**Behavior**
Target child watches but does not offer affection or does not notice peers

**Consequence**
Gain the child's attention by pointing,say, "Look ___is here," label the child's feeling, give affection, read stories about feelings

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children on how to best interact with the child.
- Expand the child's communication system to facilitate interactions with other children.

**Visual Impairments:**

- Describe the desired behaviors to the child. Instruct other children to do the same.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., child) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

**Physical Impairments:**

- Child may vocalize or in some way indicate that they want to give affection to another child.

**Behavioral Challenges:**

For children who get easily distracted:

Φ Use boundaries (e.g., chairs, dividers, mats) to limit distractions.

Φ Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

Φ Have the target child watch other children prior to interacting with child.

**Cognitive Disabilities:**

Φ Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

**Ideas On How To Teach The Skill:**

Φ Play a game of "pass the hug." During circle time, start a "hug chain." Have one child hug the child next to them. Tell the children to "pass the hug all the way around the circle." This may be a fun way to start each morning!

Φ Group affection activities provide teachers and children with opportunities to discuss and practice giving and receiving affection (e.g., hugs, tickles, compliments). These activities include leading discussions about feelings. Use pictures and photographs to teach the children about different feelings. Make sure the discussion and selected materials are appropriate in content, language, and concreteness for toddler-age children.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys: | - photographs, pictures |
| Activities: | - incidental events (e.g., child gets upset or hurt)<br>- celebrations (e.g., birthdays)<br>- greetings and departures |

Settings:
- home
- classroom
- circle time

# Target Skill # 15

# Child Seeks Permission From Other Children

**Rationale:**

- The ability to seek or get permission from other children enhances a child's ability to play with other children in many ways. Having the ability to get permission from other children provides a means to enter into play with another child or even change the form of play. This skill also requires that children understand the idea of ownership of items and turn taking.

**Consider Starting Here If:**

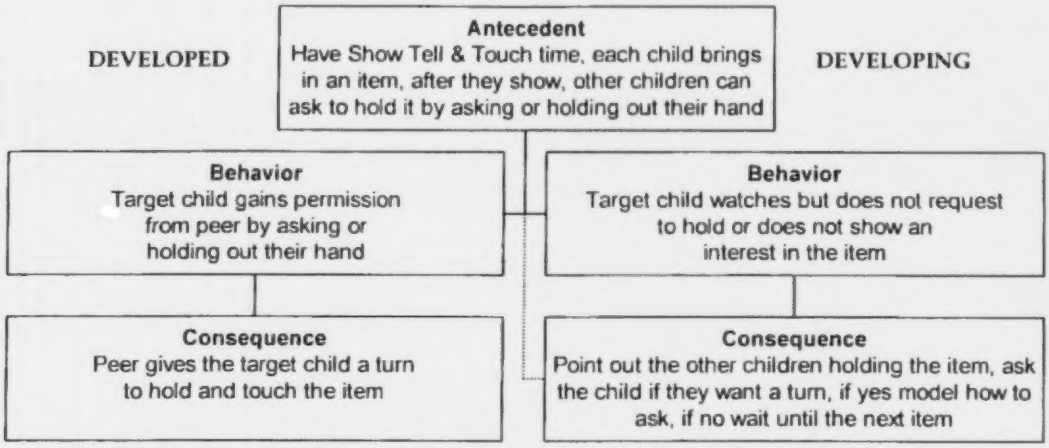
- The child does not attempt to get permission from other children.
- The child attempts unsuccessfully to get permission from other children.
- The child seeks permission exclusively from adults in their environment.

**Things To Look For:**

- In free play or small group play, does the child seek out adults to gain permission to play with other children's toys or play with other children?
- Does the child remain passive in small group play?
- Does the child appear to understand the concept of ownership of toys?

# TEACHING PROCEDURE

Target Skill 15: Child gains permission from other children



DEVELOPED

DEVELOPING

**Antecedent**
Have Show Tell & Touch time, each child brings in an item, after they show, other children can ask to hold it by asking or holding out their hand

**Behavior**
Target child gains permission from peer by asking or holding out their hand

**Consequence**
Peer gives the target child a turn to hold and touch the item

**Behavior**
Target child watches but does not request to hold or does not show an interest in the item

**Consequence**
Point out the other children holding the item, ask the child if they want a turn, if yes model how to ask, if no wait until the next item

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to facilitate interactions with other children.

**Visual Impairments:**

- Be sure to tell the child about the object in developmentally appropriate language.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (e.g., another child) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

**Behavioral Challenges:**

For children who get easily distracted:

- Introduce this skill with only two children to limit distractions.

- Select an object that is very motivating for the child.

- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Have the target child watch other children prior to interacting with a child.

**Cognitive Disabilities:**

- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

- Select an object that the child is very motivated to talk about.

**Ideas On How To Teach The Skill:**

- Ownership of toys, etc., may be easier for children to understand at home than at school. At home, ownership of materials is more clear for children, especially if they have experience with sharing their toys with siblings or other neighborhood friends. In school, however, ownership issues are much more abstract for children. Having the children bring materials from home (as described above) is a good way for children to learn about asking permission to share or borrow another child's toys.

- Structured activities, such as the one described above, are motivating to young children. However, the ultimate goal is for children to be able to know how to ask other children for permission (e.g., to play with their toys, change the form of play) on a regular basis, without adult assistance. For many toddlers with disabilities this may mean teaching the skill naturalistically. Keep an eye out for when children have the opportunity or need to get permission from another child in their everyday routines. For example, if you seek a child who is interested in another child's play, ask the child if they would like to play with the other child and their toy. Suggest some ways that the child can ask the other child if they can play with their toy. If necessary, demonstrate for the child how to ask the child if they can play with their toy. If possible, help the child come up with a way to get the child's permission using their ideas and language.

Φ For older toddlers use two puppets to role play a scene. Have the first puppet coloring on a sheet of paper with some materials (e.g., crayons, markers, etc.) that have been brought from home. Then pretend the puppet went to show the teacher what they made. Then, have the second puppet come in and start using the other puppet's materials, emphasizing that the puppet knows that they are someone else's materials. Discuss with the children what the second puppet should have done. If necessary, tell the children that the puppet should have asked permission. Re-enact the scene with the puppet asking permission. Include the children's suggestions.

(Note: This lesson was taken from taken Kaines, M., & Johnson, L. (1991) Classroom activities. Communication Skill Builders: Arizona).

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys | - toys and materials that the children bring in from home |
| | - art materials (e.g., paint, Playdough, markers, crayons, etc.) |
| | - cars and trucks |
| | - water and sand play materials |
| | |
| Activities: | - free play |
| | - small group activities |
| | - snack time |
| | - circle time |

Settings:

- classroom
- home
- play group
- outdoors/playground (e.g., taking turns on the swing)

# Target Skill # 16

## Child Asks Other Children Questions

**Rationale:**

- Learning how to ask other children questions is an important skill for toddlers. Often young children will rely on adults to get information. Acquiring the necessary skills to ask other children for information will increase a child's abilities to interact with their surroundings and open up new and exciting opportunities for interacting with other children.

**Consider Starting Here If:**

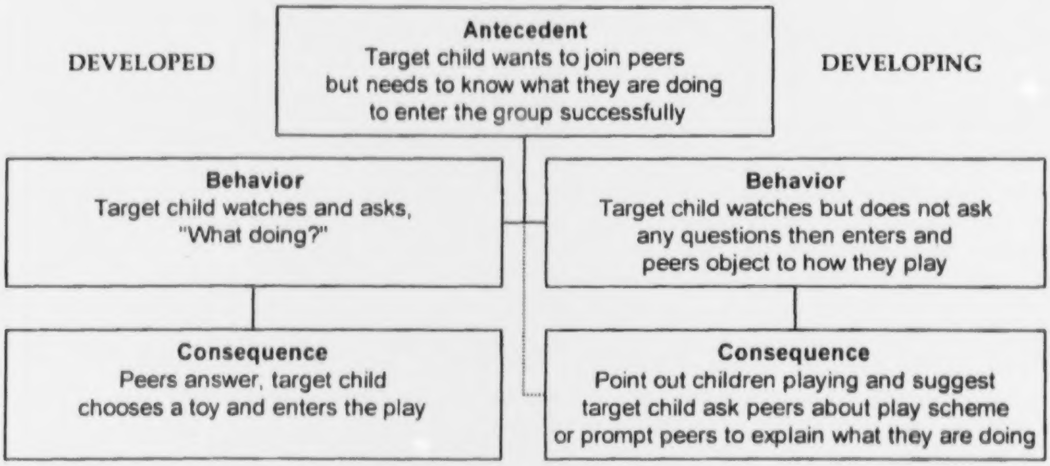
- The child will get information from adults but does not get information from other children.

**Things To Look For:**

- Does the child remain unoccupied when in need of assistance instead of seeking out assistance from others?
- Does the child only go to adults for information, even if other children are readily available?
- Does the child's disability impact their ability to get information from other children?
- Do children in the child's environment know how to best interact with the child?

## TEACHING PROCEDURE

Target Skill 16: Child gets information from other children



DEVELOPED

**Antecedent**
Target child wants to join peers but needs to know what they are doing to enter the group successfully

DEVELOPING

**Behavior**
Target child watches and asks, "What doing?"

**Consequence**
Peers answer, target child chooses a toy and enters the play

**Behavior**
Target child watches but does not ask any questions then enters and peers object to how they play

**Consequence**
Point out children playing and suggest target child ask peers about play scheme or prompt peers to explain what they are doing

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to facilitate interactions with other children.

**Visual Impairments:**

- Be sure to tell the child about the object in developmentally appropriate language.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (child) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

**Behavioral Challenges:**

For children who get easily distracted:

- Introduce this skill with only two children to limit distractions.

- Select an object that is very motivating for the child.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Have the target child watch other children prior to interacting with a child.

**Cognitive Disabilities:**

- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).
- Select an object that the child is very motivated to talk about.

**Ideas On How To Teach The Skill:**

- Structured activities, such as the one describe above are motivating to young children. However, the ultimate goal is for children to be able ask questions of other children on a regular basis, without adult assistance. For many toddlers with disabilities this may mean teaching the skill naturalistically. Keep an eye out for when children may want to ask another child a question during their everyday routines. You can suggest questions that the child may want to ask. If necessary, demonstrate how to ask the question.

**Think About What Is In The Child's Environment:**

Toys:
- toys and materials that the children bring in from home
- art materials (e.g., paint, Playdough, markers, crayons, etc.)
- cars and trucks
- water and sand play materials

Activities:
- free play
- small group activities
- snack time
- circle time

Settings:
- classroom
- home (playing with neighborhood friends or siblings)
- play group
- outdoors/playground

# Target Skill # 17

## Child Will Propose Joint Activities with Other Children

**Rationale:**

- The final skill in Section I of this curriculum is for a child to be able to successfully approach other children and propose joint (e.g., we, lets) activities. For example, a child approaches another child and says, "let's play blocks". This is a crucial skill for toddlers since it enables them to be able to have more control and choice over their play partners and activities. Learning this skill will open up many doors for future play opportunities for toddlers.

**Consider Starting Here If:**

- The child does not approach other children to suggest play activities.

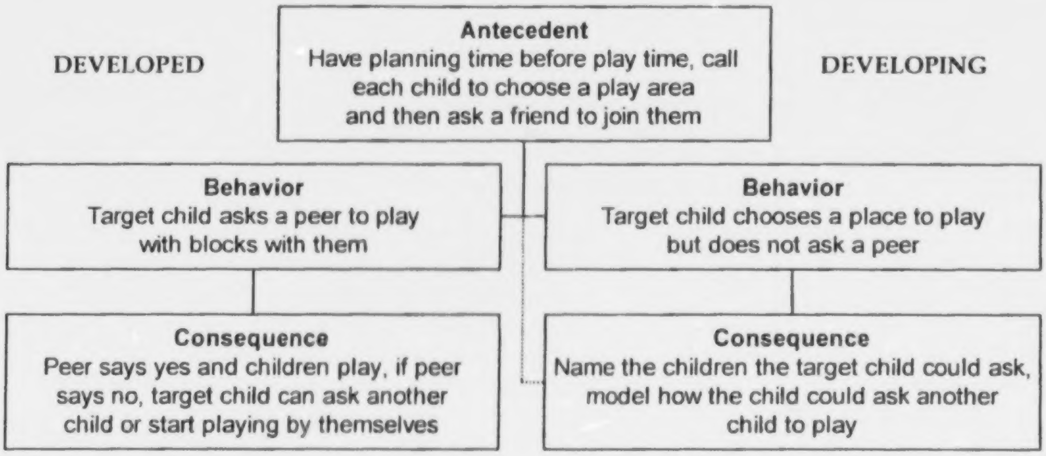
**Things To Look For:**

- Does the child play with other children but does not initiate play or suggest play activities?

- Does the child seek out adults to suggest play partners or activities?

## TEACHING PROCEDURE

Target Skill 17: Child will propose joint activities with other children



DEVELOPED

DEVELOPING

**Antecedent**
Have planning time before play time, call each child to choose a play area and then ask a friend to join them

**Behavior**
Target child asks a peer to play with blocks with them

**Consequence**
Peer says yes and children play, if peer says no, target child can ask another child or start playing by themselves

**Behavior**
Target child chooses a place to play but does not ask a peer

**Consequence**
Name the children the target child could ask, model how the child could ask another child to play

## SUGGESTED ADAPTATIONS

### Communication Impairments:

- Structure the situation so the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to facilitate interactions with other children.

### Visual Impairments:

- Be sure to tell the child about the object in developmentally appropriate language.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

### Hearing Impairments:

- Point or gesture to reference points (child) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with a child.

### Behavioral Challenges:

For children who get easily distracted:

- Introduce this skill with only two children to limit distractions.

Φ Select activities that will be very motivating for the child.

Φ Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

Φ Have the child watch other children prior to interacting with another child.

**Cognitive Disabilities:**

Φ Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

Φ Provide a limited number of choices that are motivating to the child.

**Ideas On How To Teach The Skill:**

Φ Use the Play Profile to target an activity that is motivating to the child. Determine what other children may be interested in that activity. For example, if the child really enjoys to paint, set up a painting table during small group activities or free play. Encourage them to invite other children to paint with them.

Φ Have children play in pairs, giving the pairs a number of choices of play activities. This will naturally encourage the children to propose play activities together.

Φ During circle time select a child and have them choose another child to participate in a simple activity with them (e.g., hold hands and hop, raise their hands in the air, stand on one foot, etc.). Vary each simple activity to keep things interesting!

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys | - toys and materials that the children bring in from home<br>- art materials (e.g., paint, Playdough, markers, crayons, etc.)<br>- cars and trucks<br>- water and sand play materials |
| Activities: | - free play |

- small group activities
- snack time
- circle time

Settings:
- classroom
- home (playing with neighborhood friends or siblings)
- play group
- free play

## Shared Understanding

**Overview:**

Children must understand a number of complex ideas to play with other children for extended periods of time. Having a "shared understanding" means that children understand complex social concepts such as activity sequencing, social rules, ownership, and turn-taking. Without these important skills children are unable to engage in extended periods of play with other children. The following areas are addressed in this section: social rules (i.e., ownership of objects, sharing, and turn-taking), pretend play (i.e., engaging in simple and complex forms of pretend play), and knowledge of everyday events (i.e., demonstrates a basic knowledge of everyday events). Specifically, shared understanding includes the following set of skills:

| Skill Area | Skill Number | Skill Description | Page Number |
|---|---|---|---|
| Social Rules | 18 | Child understands the concept of ownership by:<br>18a. Defending own property.<br>18b. Returning objects taken from others.<br>18c. Requesting permission of others to obtain objects. | |
| | 19 | Child shares materials with other children. | |
| | 20 | Child takes turns when playing with other children. | |
| | 21 | Child adapts their play to the abilities of other children. | |
| Pretend Play | 22 | Child engages in pretend play using simple single actions. | |
| | 23 | Child engages in pretend play using multiple actions. | |
| | 24 | Child engages in elaborated extended play activities. | |
| Every day Events | 25 | Child understands the themes and sequences of everyday events | |

# Target Skill # 18

## Child Requests the Permission of Others to Obtain Objects

**Rationale:**

Φ An important part of play for toddlers is understanding ownership of materials. If children do not understand this concept of ownership of materials, conflicts with other children arise. These conflicts reduce the opportunities for children to engage in extended periods of play.

**Consider Starting Here If:**

Φ The child takes things from other children without asking their permission.

Φ The child does not defend their own materials from other children.

**Things To Look For:**

Φ Does the child take materials or toys from other children without asking permission?

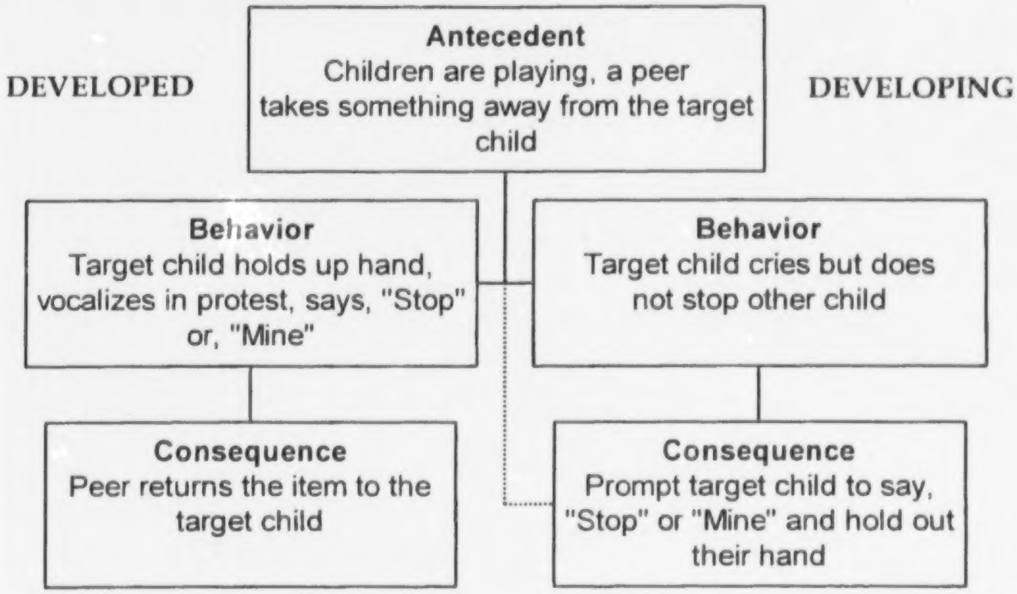
Φ Does the child allow other children to take their materials without their permission?

Φ Does the child's disability interfere with their ability to ask for or defend materials?

Φ Do other children know how to best interact with the child?

## TEACHING PROCEDURE

Target Skill 18a: Child defends their materials when others attempt to take them away



**Antecedent**
Children are playing, a peer takes something away from the target child

**Behavior**
Target child holds up hand, vocalizes in protest, says, "Stop" or, "Mine"

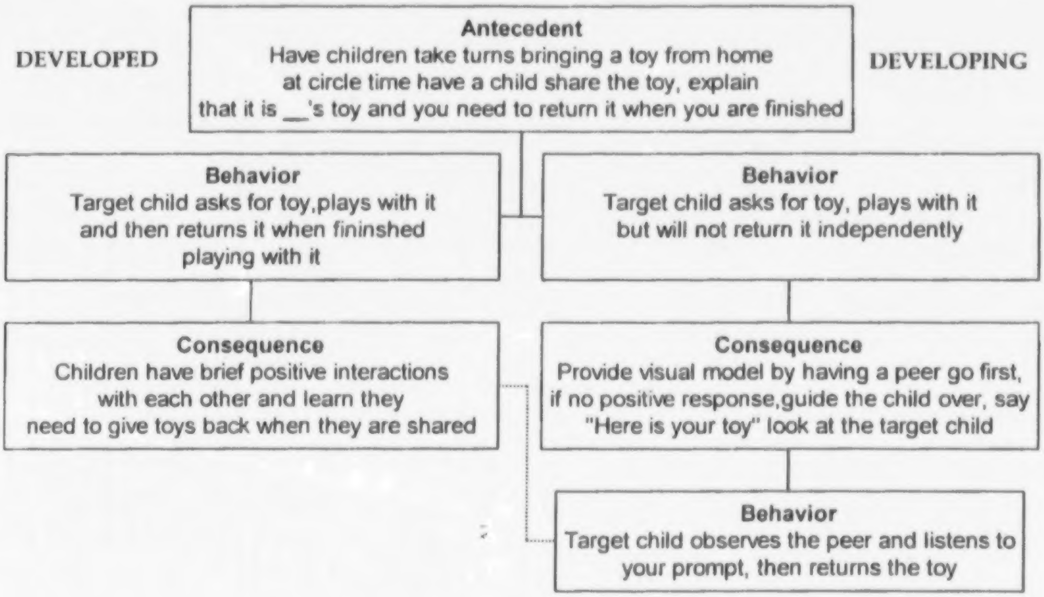
**Behavior**
Target child cries but does not stop other child

**Consequence**
Peer returns the item to the target child

**Consequence**
Prompt target child to say, "Stop" or "Mine" and hold out their hand

# TEACHING PROCEDURE

Target Skill 18b: Child returns objects taken from others



DEVELOPED

DEVELOPING

**Antecedent**
Have children take turns bringing a toy from home at circle time have a child share the toy, explain that it is __'s toy and you need to return it when you are finished

**Behavior**
Target child asks for toy,plays with it and then returns it when fininshed playing with it

**Behavior**
Target child asks for toy, plays with it but will not return it independently

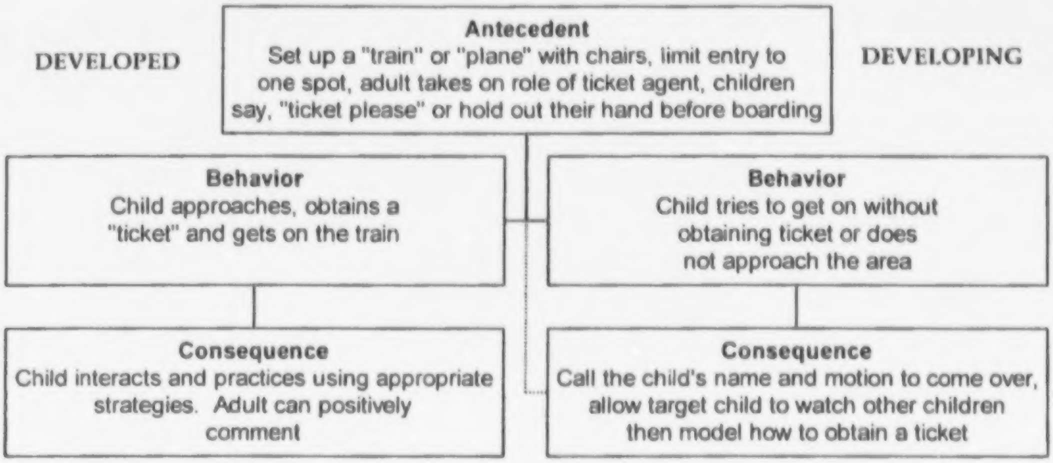
**Consequence**
Children have brief positive interactions with each other and learn they need to give toys back when they are shared

**Consequence**
Provide visual model by having a peer go first, if no positive response,guide the child over, say "Here is your toy" look at the target child

**Behavior**
Target child observes the peer and listens to your prompt, then returns the toy

# TEACHING PROCEDURE

Target Skill 18c: Child requests the permission of others to obtain objects



**DEVELOPED**

**DEVELOPING**

**Antecedent**
Set up a "train" or "plane" with chairs, limit entry to one spot, adult takes on role of ticket agent, children say, "ticket please" or hold out their hand before boarding

**Behavior**
Child approaches, obtains a "ticket" and gets on the train

**Consequence**
Child interacts and practices using appropriate strategies. Adult can positively comment

**Behavior**
Child tries to get on without obtaining ticket or does not approach the area

**Consequence**
Call the child's name and motion to come over, allow target child to watch other children then model how to obtain a ticket

## SUGGESTED ADAPTATIONS

### Communication Impairments:

- Structure the situation so that the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to facilitate interactions around sharing materials.

### Visual Impairments:

- Be sure to talk to the child in developmentally appropriate language regarding other children's materials.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

### Hearing Impairments:

- Point or gesture to reference points (child) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

### Behavioral Challenges:

For children who get easily distracted:

- Φ Introduce this skill with only two children to limit distractions.
- Φ Select materials that will be very motivating for the child.
- Φ Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Φ Have the child watch other children prior to interacting with another child.

**Cognitive Disabilities:**

- Φ Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).
- Φ Provide a limited number of choices that are motivating to the child.

**Ideas On How To Teach The Skill:**

- Φ Use the Play Profile to target materials that are interesting to the child.
- Φ Use circle time to talk to children about sharing and ownership of materials. Have children role play this or use puppets or dolls to show good and bad examples.
- Φ Instead of providing one item per child during art or table top activities provide one item (e.g., a puzzle or a glue stick) for two children to use.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys | - toys and materials that the children bring in from home |
| | - art materials (e.g., paint, Playdough, markers, crayons, etc.) |
| | - cars and trucks |
| | - water and sand play materials |
| Activities: | - free play |
| | - small group activities |
| | - snack time |
| | - circle time |
| Settings: | - classroom |
| | - home |
| | - play group |
| | - outdoors/playground (e.g., taking turns on the swing) |

# Target Skill # 19

# Child Shares Materials With Other Children

**Rationale:**

- Φ Once a child is able to understand "ownership" of materials, the next step is for the child to learn about sharing their materials with other children. Without an understanding of sharing, conflicts over materials will interrupt play and limit the time the child can play with other children. Understanding the skill of sharing will enable young children with disabilities to play for longer periods of time with other children.

**Consider Starting Here If:**

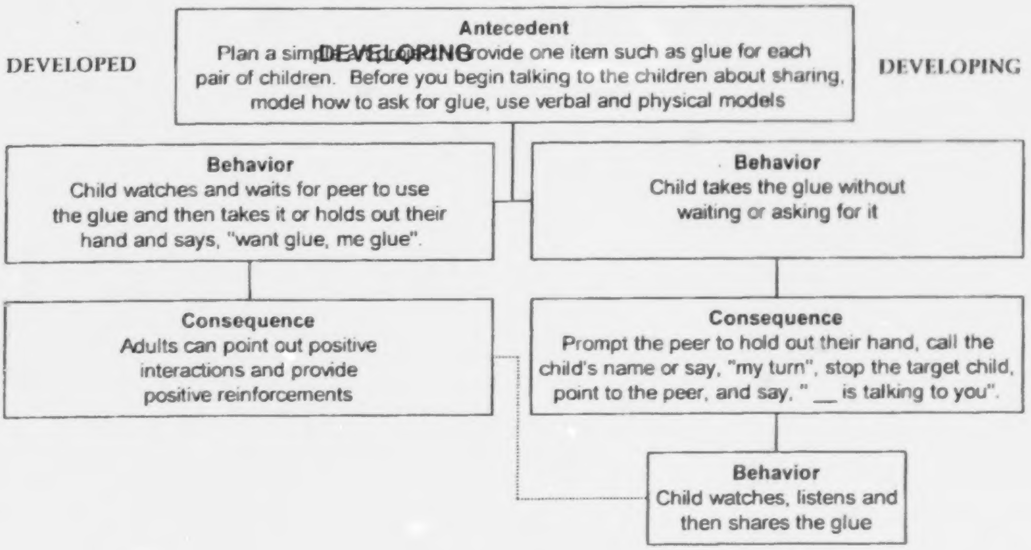
- Φ The child has demonstrated an understanding of "ownership" but is not able to share materials with other children.

**Things To Look For:**

- Φ Does the child understand ownership?
- Φ Does the child have difficulty sharing materials with others?
- Φ Does the child's disability interfere with his/her ability to share materials with other children?

## TEACHING PROCEDURE

Target Skill 19: Child shares materials with other children



**Antecedent**
Plan a simp[illegible]rovide one item such as glue for each pair of children. Before you begin talking to the children about sharing, model how to ask for glue, use verbal and physical models

**Behavior**
Child watches and waits for peer to use the glue and then takes it or holds out their hand and says, "want glue, me glue".

**Consequence**
Adults can point out positive interactions and provide positive reinforcements

**Behavior**
Child takes the glue without waiting or asking for it

**Consequence**
Prompt the peer to hold out their hand, call the child's name or say, "my turn", stop the target child, point to the peer, and say, " __ is talking to you".

**Behavior**
Child watches, listens and then shares the glue

## SUGGESTED ADAPTATIONS:

### Communication Impairments:

- Structure the situation so the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children on how to best interact with the child.
- Expand the child's communication system to facilitate interactions around sharing materials.

### Visual Impairments:

- Be sure to talk to the child in developmentally appropriate language regarding other children's materials.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

### Hearing Impairments:

- Point or gesture to reference points (child) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

### Behavioral Challenges:

For children who get easily distracted:

- Have child wait only a short period of time before taking their turn

- Introduce this skill with only two children to limit distractions.

- Select materials that will be very motivating for the child.

- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Have the child watch other children before they interact with another child.

### Cognitive Disabilities:

- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

- Provide a limited number of choices that are motivating to the child.

### Ideas On How To Teach The Skill:

- Use the Play Profile to target materials that are interesting to the child.

- Use circle time to talk to children about sharing and ownership of materials. Have children role play this or use puppets or dolls to show good and bad examples.

- Instead of providing one item per child during art or table top activities provide one item (e.g., a puzzle or a glue stick) for two children to use.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys | - toys and materials that the children bring in from home |
| | - art materials (e.g., paint, Playdough, markers, crayons, etc.) |
| | - cars and trucks |
| | - water and sand play materials |
| Activities: | - free play |
| | - small group activities |
| | - snack time |
| | - circle time |
| Settings: | - classroom |
| | - home |
| | - play group |
| | - outdoors/playground (e.g., taking turns on the swing) |

# Target Skill # 20

## Child Takes Turns When Playing With Other Children

**Rationale:**

- Taking turns is a critical skill for toddlers to learn. The ability to take turns enables a toddler to play a variety of simple games with other children. Without an ability to take turns, conflicts will interrupt the child's play activities with other children.

**Consider Starting Here If:**

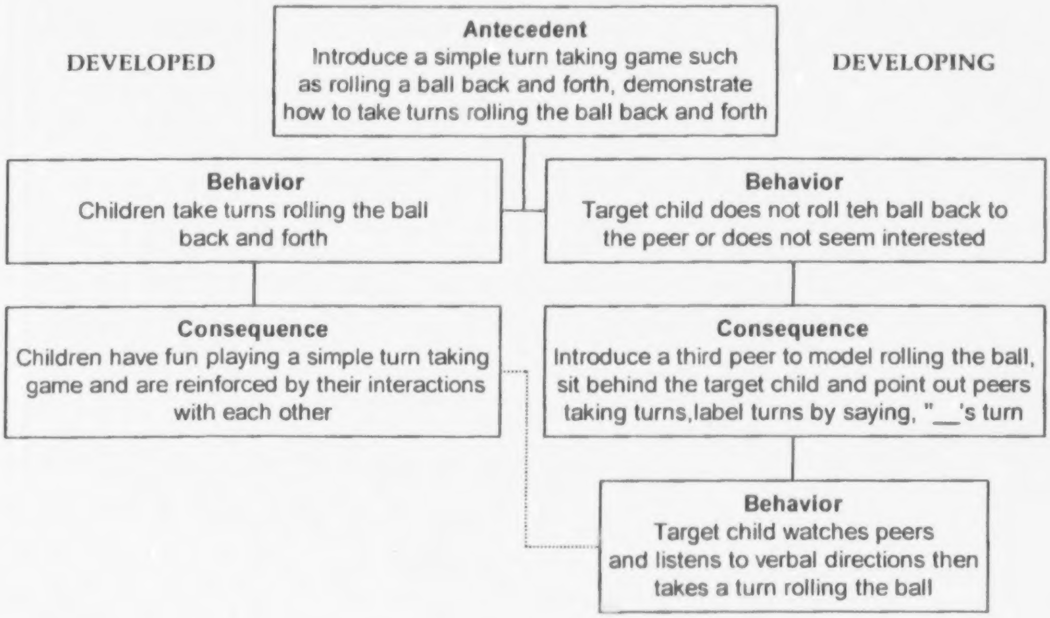
- The child is unable to take turns while playing with other children.

**Things To Look For:**

- Does the child play well with others in activities that do not involve turn-taking?
- Does the child seem to not understand the "give-and-take" of turn-taking?
- Does the child's disability interfere in the child's ability to understand or participate in turn-taking?

# TEACHING PROCEDURE

Target Skill 20: Child takes turns when playing with other children



DEVELOPED

DEVELOPING

**Antecedent**
Introduce a simple turn taking game such as rolling a ball back and forth, demonstrate how to take turns rolling the ball back and forth

**Behavior**
Children take turns rolling the ball back and forth

**Consequence**
Children have fun playing a simple turn taking game and are reinforced by their interactions with each other

**Behavior**
Target child does not roll teh ball back to the peer or does not seem interested

**Consequence**
Introduce a third peer to model rolling the ball, sit behind the target child and point out peers taking turns,label turns by saying, "__'s turn

**Behavior**
Target child watches peers and listens to verbal directions then takes a turn rolling the ball

# SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to facilitate interactions around sharing materials.

**Visual Impairments:**

- Be sure to talk to the child in developmentally appropriate language regarding other children's materials.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.

**Hearing Impairments:**

- Point or gesture to reference points (child) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

**Behavioral Challenges:**

For children who get easily distracted:

- Introduce this skill with only two children to limit distractions.
- Select materials that will be very motivating for the child.
- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Prior to interacting with another child, have the child watch other children.

**Cognitive Disabilities:**

- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).
- Provide a limited number of choices that are motivating to the child.

**Ideas On How To Teach The Skill:**

- Use the Play Profile to target materials that are interesting to the child.
- Use circle time to talk to children about turn-taking. Have children role play this or use puppets or dolls to show good and bad examples.
- Instead of providing one item per child during art or table top activities provide one item (e.g., a puzzle or a glue stick) for two children to use.

**Think About What Is In The Child's Environment:**

Toys:
- toys and materials that the children can take-turns with.
- playground equipment
- toys or games that take two children (e.g., see saw, riding in a wagon)
- cars and trucks
- water and sand play materials

Activities:
- free play
- outdoor play
- small group activities
- snack time
- circle time

Settings:
- classroom
- home
- play group
- outdoors/playground (e.g., taking turns on the swing)

# Target Skill # 21

# Child Adapts Their Play To The Abilities Of Other Children

**Rationale:**

- Child's play skills develop at different levels. Therefore, children must learn to adapt their play activities and behaviors to that of their playmates. Without this skill a child's play partners and opportunities are very limited.

**Consider Starting Here If:**

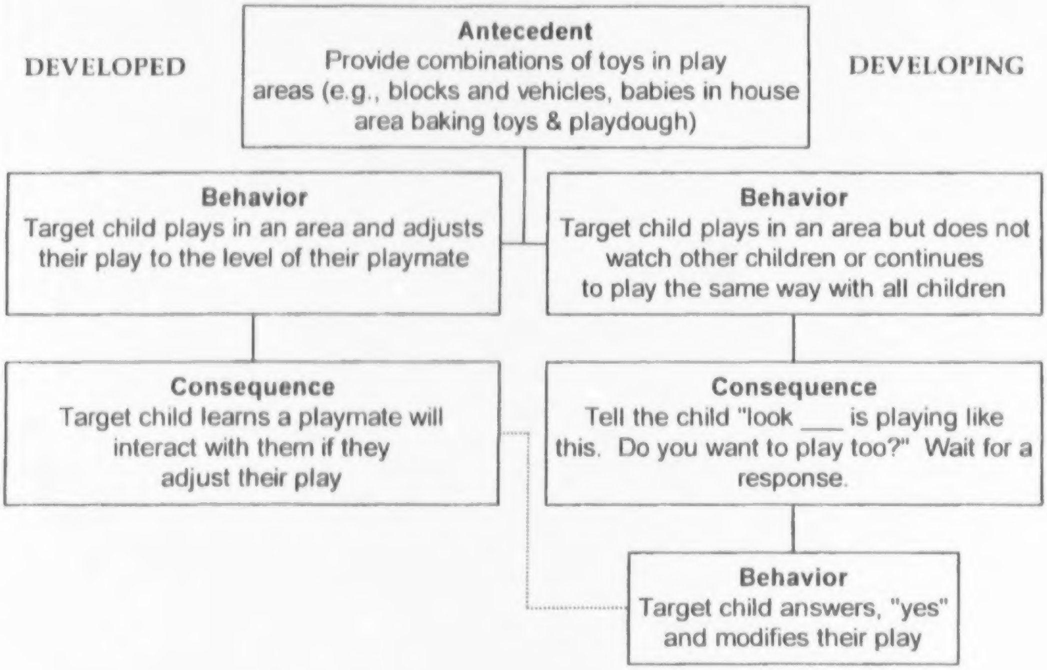
- The child is unable to adapt their play behaviors in order to play with other children.

**Things To Look For:**

- Is the child unable to play with other children with varying play abilities (e.g., play skills that are less or more advanced or developed than the target child)?
- Does the child's disability interfere with his or her ability to adapt their level of play to other children?
- Is the child able to play with children who are older or younger than he/she. If so, does the child play better with an older or younger child?

## TEACHING PROCEDURE

Target Skill 21: Child adapts their play to the abilities of other children



DEVELOPED

DEVELOPING

**Antecedent**
Provide combinations of toys in play areas (e.g., blocks and vehicles, babies in house area baking toys & playdough)

**Behavior**
Target child plays in an area and adjusts their play to the level of their playmate

**Consequence**
Target child learns a playmate will interact with them if they adjust their play

**Behavior**
Target child plays in an area but does not watch other children or continues to play the same way with all children

**Consequence**
Tell the child "look ___ is playing like this. Do you want to play too?" Wait for a response.

**Behavior**
Target child answers, "yes" and modifies their play

## SUGGESTED ADAPTATIONS

### Communication Impairments:

- Structure the situation so that the child will interact with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to facilitate interactions around sharing materials.

### Visual Impairments:

- Be sure to talk to the child in developmentally appropriate language regarding other children's materials.
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.
- Encourage other children to use words not just gestures, to interact with the child (e.g., say, "I want to give you these blocks", don't just hold them out).

### Hearing Impairments:

- Point or gesture to reference points (e.g., other children) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.

- Ensure that other children know how to effectively communicate with the child by using the child's communication system, picture book, sign language, and/or communication board.

- Have a classroom picture board.

**Behavioral Challenges:**

For children who get easily distracted:

- Introduce this skill with only two children to limit distractions.

- Select materials that will be very motivating for the child.

- Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Prior to interacting with another child, have the child watch other children.

**Cognitive Disabilities:**

- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

- Provide a limited number of choices that are motivating to the child.

**Ideas On How To Teach The Skill:**

- Use the Play Profile to target materials, activities and other children that are interesting to the child.

- Demonstrate variety in you play and point it out while playing alone with the child.

**Think About What Is In The Child's Environment:**

Toys:
- toys and materials have many uses and can be played with in different ways
- blocks
- dress up clothes
- playdough

Activities:
- free play
- circle time
- follow the leader
- can you do what I do?
- set up activities children have to do together

Settings:
- classroom
- home
- play group

# Target Skill # 22

## Child Engages In Pretend Play Using Simple Single Actions

**Rationale:**

- This skill is the beginning of a toddler's rich and rewarding pretend play experiences. Often, toddlers with disabilities do not understand the complexities of pretend play and therefore have few opportunities to engage in such complex yet rewarding play opportunities with other children. Teaching young children with disabilities simple pretend play activities and structuring the environment to support such activities will result in increased opportunities for play.

**Consider Starting Here If:**

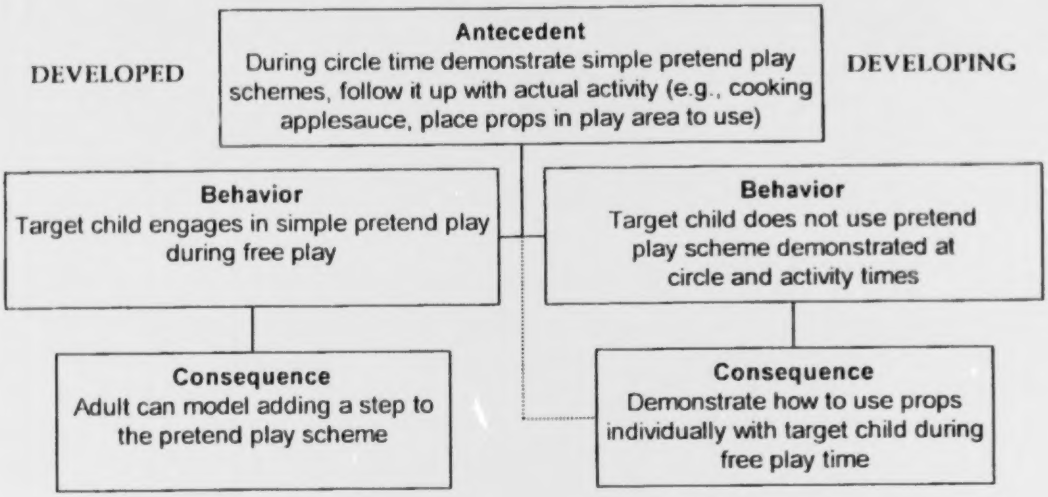
- The child engages in functional play but does not appear to understand or participate in pretend play activities with other children.

**Things To Look For:**

- Does the child appear to not understand their role in pretend play activities?
- Does the child play with other children in functional play activities but become withdrawn or confused in pretend play activities?
- Does the child's disability interfere with their ability to engage in pretend play activities?

## TEACHING PROCEDURE

Target Skill 22: Child engages in pretend play using simple single actions



DEVELOPED

DEVELOPING

**Antecedent**
During circle time demonstrate simple pretend play schemes, follow it up with actual activity (e.g., cooking applesauce, place props in play area to use)

**Behavior**
Target child engages in simple pretend play during free play

**Consequence**
Adult can model adding a step to the pretend play scheme

**Behavior**
Target child does not use pretend play scheme demonstrated at circle and activity times

**Consequence**
Demonstrate how to use props individually with target child during free play time

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child will play with children who will serve as good role models.

- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).

- Train the other children in how to best interact with the child.

- Expand the child's communication system to facilitate pretend play situations.

**Visual Impairments:**

- Be sure to talk to the child in developmentally appropriate language regarding other children's pretend play activity(ies).

- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.

- Be aware of recommended room lighting and color contrasts.

- Encourage other children to use words not just gestures to interact with the child (e.g., say, "I want to give you these blocks", don't just hold them out).

**Hearing Impairments:**

- Point or gesture to reference points (e.g., other children) when interacting with the child.

- Ensure that you have the child's attention before interacting with the child.

- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.

- Ensure that other children know how to effectively communicate with the child.

- Φ Ensure that other children know how to effectively communicate with the child by using the child's communication system, picture book, sign language, and/or communication board.
- Φ Have a classroom picture board.

**Behavioral Challenges:**

For children who get easily distracted:

- Φ Introduce this activity with only two children to limit distractions.
- Φ Select materials that will be very motivating for the child.
- Φ Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

- Φ Prior to interacting with another child, have the child watch other children.

**Cognitive Disabilities:**

- Φ Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).
- Φ Provide a limited number of choices that are motivating to the child.

**Ideas On How To Teach The Skill:**

- Φ Use the Play Profile to target materials, activities, and other children that are interesting to the child.

**Think About What Is In The Child's Environment:**

Toys: - dish sets
- babies
- blocks

- boxes
- dress up clothes

Activities:
- free play
- circle time
- outdoor play
- small group activities

Settings:
- classroom
- home
- play group

# Target Skill # 23

# Child Engages In Pretend Play Using Multiple Actions

**Rationale:**

- Once the child has learned to "pretend play" using simple activities and actions with other children the child can then be introduced to more complex forms of pretend play. These include multiple actions or behaviors within a simple pretend play activity. Mastering this important play skill will result in increased opportunities for the child to play with other children and opportunities to learn even more complex forms of pretend play. This skill is not developmentally appropriate for toddlers.

**Consider Starting Here If:**

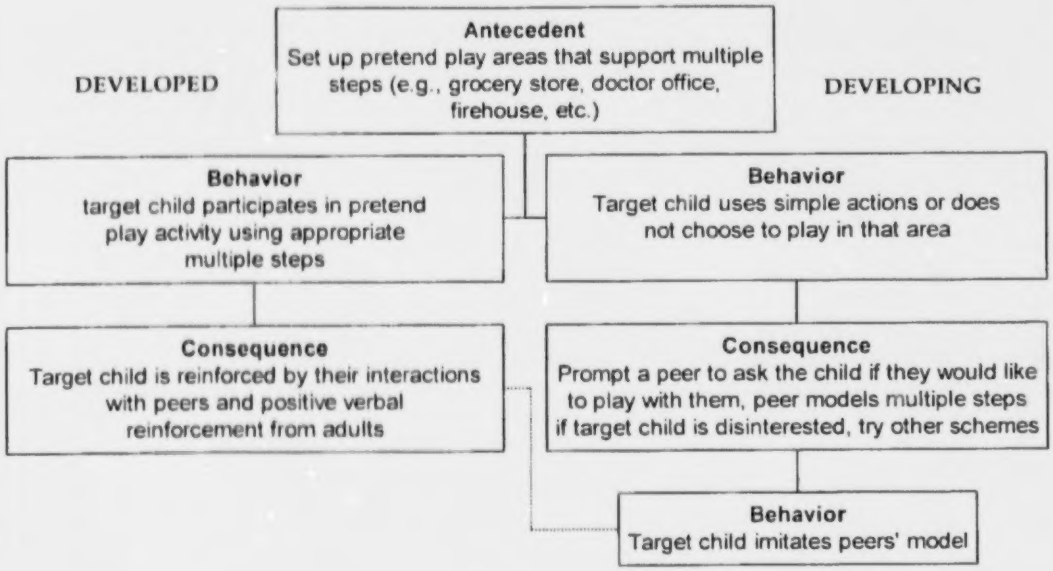
- The child is successful in engaging in simple pretend play activities but becomes withdrawn, confused, or excluded when other children move to more advanced forms of pretend play.

**Things To Look For:**

- Is the child successful at simple pretend play activities?
- Does the child become confused if the pretend play activity requires them to do more than one action or behavior?
- Does the child's disability interfere with their ability to engage in more complex forms of pretend play?

## TEACHING PROCEDURE

Target Skill 23: Child engages in pretend play activities using multiple actions


DEVELOPED
DEVELOPING
**Antecedent**
Set up pretend play areas that support multiple steps (e.g., grocery store, doctor office, firehouse, etc.)
**Behavior**
target child participates in pretend play activity using appropriate multiple steps
**Behavior**
Target child uses simple actions or does not choose to play in that area
**Consequence**
Target child is reinforced by their interactions with peers and positive verbal reinforcement from adults
**Consequence**
Prompt a peer to ask the child if they would like to play with them, peer models multiple steps if target child is disinterested, try other schemes
**Behavior**
Target child imitates peers' model

## SUGGESTED ADAPTATIONS

**Communication Impairments:**

- Structure the situation so that the child will play with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children on how to best interact with the child.
- Expand the child's communication system to facilitate pretend play situations.

**Visual Impairments:**

- Be sure to talk to the child in developmentally appropriate language regarding other children's pretend play activity(ies).
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.
- Encourage other children to use words not just gestures to interact with the child, (e.g., say, "I want to give you these blocks", don't just hold them out).

**Hearing Impairments:**

- Point or gesture to reference points (e.g., other children) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.

Φ Ensure that other children know how to effectively communicate with the child by using the child's communication system, picture book, sign language, and/or communication board.

Φ Have a classroom picture board.

**Behavioral Challenges:**

For children who get easily distracted:

Φ Introduce this activity with only two children to limit distractions.

Φ Select materials that will be very motivating for the child.

Φ Keep environmental distractions to a minimum (e.g., loud music, voices of other children).

For children who are overly assertive:

Φ Have the child watch other children before they interact with another child.

**Cognitive Disabilities:**

Φ Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

Φ Provide a limited number of choices that are motivating to the child.

**Ideas On How To Teach The Skill:**

Φ Use the Play Profile to target materials, activities, and other children that are interesting to the child.

**Think About What Is In The Child's Environment:**

| | |
|---|---|
| Toys: | - dish sets |
| | - babies |

- blocks
- boxes
- dress up clothes

Activities:
- free play
- circle time
- outdoor play
- small group activities

Settings:
- classroom
- home
- play group

# Target Skill # 24

## Child Engages In Elaborate Extended Play Activities

**Rationale:**

- Children that have mastered simple pretend play activities are now ready to move on to more elaborate and extended play activities. These types of pretend play activities are more organized and elaborate than simple pretend play activities. Elaborate pretend activities require children to vary their actions according to the changing dynamics of the play sequence. This is the most advanced form of pretend play and will afford young children with disabilities ongoing opportunities to practice existing social skills, learn new social skills, and develop meaningful relationships with other children. Developmentally, this skill is not appropriate for toddlers.

**Consider Starting Here If:**

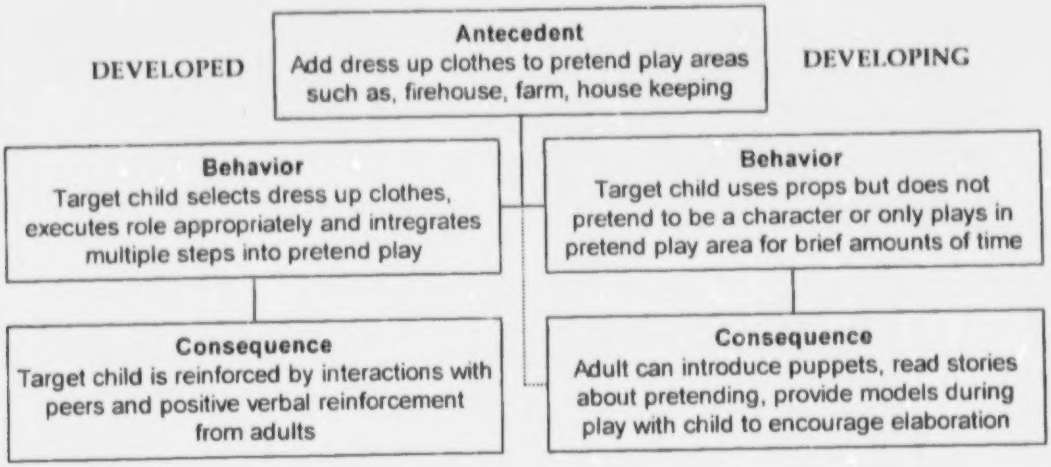
- The child engages in simple forms of pretend play but does not engage (or engages inappropriately) in more elaborate, extended forms of pretend play.

**Things To Look For:**

- Does the child engage in simple forms of pretend play?
- Does the child appear confused by or withdrawn from pretend play activities that are more elaborate?
- Does the child's disability interfere with their ability to engage in more elaborate forms of pretend play?

## TEACHING PROCEDURE

Target Skill: 24. Child engages in elaborate forms of extended pretend play.



DEVELOPED

DEVELOPING

**Antecedent**
Add dress up clothes to pretend play areas such as, firehouse, farm, house keeping

**Behavior**
Target child selects dress up clothes, executes role appropriately and intregrates multiple steps into pretend play

**Consequence**
Target child is reinforced by interactions with peers and positive verbal reinforcement from adults

**Behavior**
Target child uses props but does not pretend to be a character or only plays in pretend play area for brief amounts of time

**Consequence**
Adult can introduce puppets, read stories about pretending, provide models during play with child to encourage elaboration

## SUGGESTED ADAPTATIONS

### Communication Impairments:

- Structure the situation so that the child will play with children who will serve as good role models.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to facilitate pretend play situations..

### VISUAL IMPAIRMENTS:

- Be sure to talk to the child in developmentally appropriate language regarding other children's pretend play activity(ies).
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.
- Encourage other children to use words not just gestures to interact with the child, (e.g., say, I want to give you these blocks, not just hold them out).

### HEARING IMPAIRMENTS:

- Point or gesture to reference points (e.g., other children) when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.

- Φ Ensure that other children know how to effectively communicate with the child, by using the child's communication system, picture book, sign language, communication board.

- Φ Have a classroom picture board.

## BEHAVIORAL CHALLENGES:

For children who get easily distracted:

- Φ Introduce this activity with only two children to limit distractions.

- Φ Select materials that will be very motivating for the child.

- Φ Keep environmental distractions to a minimum (e.g., loud music, other children).

For children who are overly assertive:

- Φ Have the child watch other children prior to interacting with another child.

## COGNITIVE DISABILITIES:

- Φ Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).

- Φ Provide a limited number of choices that are motivating to the child.

## IDEAS ON HOW TO TEACH THE SKILL:

- Φ Use the Play Profile to target materials, activities and other children that are interesting to the child.

- Φ Introduce one piece of play scheme and materials to do something with everyday.

## THINK ABOUT WHAT IS IN THE CHILD'S ENVIRONMENT:

Toys:
- dish sets
- babies
- blocks
- boxes

- dress up clothes

Activities:
- free play
- circle time
- outdoor play
- small group activities

Settings:
- classroom
- home
- play group

# Target Skill # 25

# Child Understands The Themes And Sequences Of Everyday Events

## RATIONALE:

- Children need to have an understanding of ongoing everyday events so they can participate in them and use them as opportunities for play. Everyday events include activities such as birthday parties, lunch, circle time, grocery shopping and cooking. Most children understand these events just by experiencing them on a day-to-day basis. Some young children with disabilities, however, may need to be taught these events directly. Having an understanding of these events will allow the child to actively participate in these events on a regular basis.

## CONSIDER STARTING HERE IF:

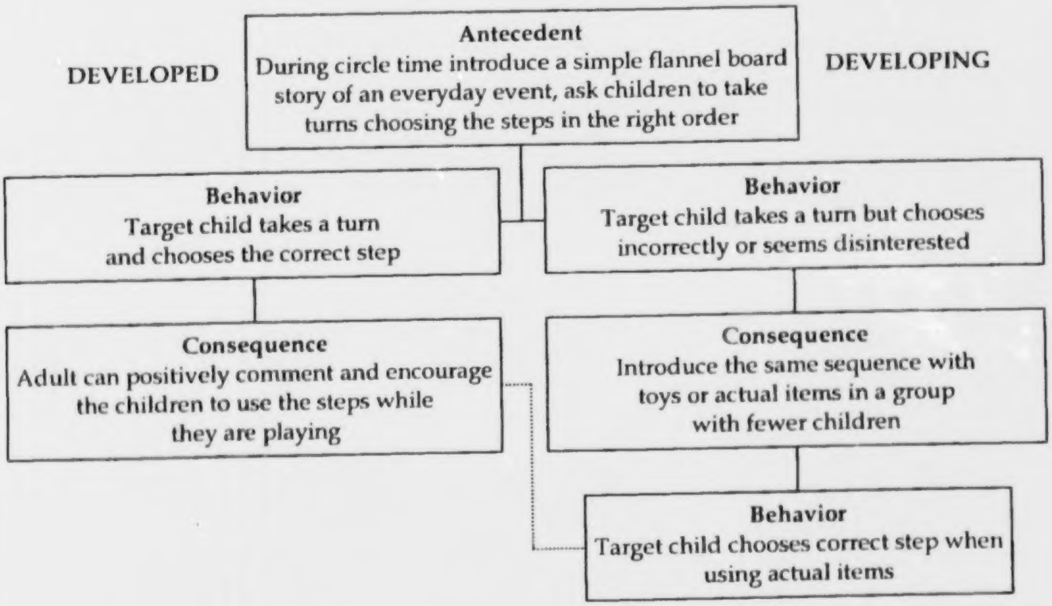
- The child appears to not understand everyday events.

## THINGS TO LOOK FOR:

- Does the child appear to lack an understanding of everyday events?
- Can the child describe to you or show you the sequence of everyday events like circle time?
- Does the child's disability interfere with their ability to understand or demonstrate their knowledge of everyday events?

## TEACHING PROCEDURE

Target Skill: 25. Child understands the themes and sequences of everyday events.



DEVELOPED

DEVELOPING

**Antecedent**
During circle time introduce a simple flannel board story of an everyday event, ask children to take turns choosing the steps in the right order

**Behavior**
Target child takes a turn and chooses the correct step

**Consequence**
Adult can positively comment and encourage the children to use the steps while they are playing

**Behavior**
Target child takes a turn but chooses incorrectly or seems disinterested

**Consequence**
Introduce the same sequence with toys or actual items in a group with fewer children

**Behavior**
Target child chooses correct step when using actual items

## SUGGESTED ADAPTATIONS

### COMMUNICATION IMPAIRMENTS:

- Begin with activities the child is very familiar with and has experience talking about.
- Train other children to accept alternative forms of communication from the child (e.g., facial expressions, gestures, signs).
- Train the other children in how to best interact with the child.
- Expand the child's communication system to facilitate discussion of everyday events.

### VISUAL IMPAIRMENTS:

- Be sure to talk to the child in developmentally appropriate language regarding other children's the activity(ies).
- Be aware of optimal positioning for the child's visual field. Communicate this information in "child friendly" language to other children.
- Be aware of recommended room lighting and color contrasts.
- Encourage other children to use words not just gestures to interact with the child, (e.g., say, I want to give you these blocks, not just hold them out).

### HEARING IMPAIRMENTS:

- Point or gesture to reference points when interacting with the child.
- Ensure that you have the child's attention before interacting with the child.
- Use natural gestures when explaining the activity and roles to the child, encourage other children to do the same.
- Ensure that other children know how to effectively communicate with the child.
- Ensure that other children know how to effectively communicate with the child, by using the child's communication system, picture book, sign language, communication board.

- Have a classroom picture board.

## BEHAVIORAL CHALLENGES:

For children who get easily distracted:

- Select events and related materials that will be very motivating for the child.
- Keep environmental distractions to a minimum (e.g., loud music, other children).

## COGNITIVE DISABILITIES:

- Keep environmental distractions to a minimum (e.g., use dividers, avoid loud noises in background if possible).
- Begin with activities that are very familiar to the child.

## IDEAS ON HOW TO TEACH THE SKILL:

- Use objects, pictures, and flannel board materials to talk about everyday events.
- Review the sequence of events before and after they occur.
- Use real photographs of the children participating in the activities that make up the event. Attach Velcro to each picture and make a game out of sequencing them.

## THINK ABOUT WHAT IS IN THE CHILD'S ENVIRONMENT:

Toys:

- Dramatic play materials representing everyday events
- grocery shopping toys
- doctor's kit
- post office area
- bank area
- birthday party

Activities:

- make picture books of everyday events
- circle time
- free play
- field trips

Settings:

- classroom
- home
- community locations

# The Play Tools for Toddlers Curriculum
# for Families

The Social Competence Curriculum Project
Division of Child and Family Studies
UCONN Health Center
Farmington, CT

## INTRODUCTION

Recent findings from the study of children experiencing difficulties in only peer interactions suggest that a variety of family and child influences contribute to these difficulties in peer-related social competence. It stands to reason that these influences exist for and impact on children with developmental disabilities as well (Guralnick and Neville, 1997). Additionally, teacher and peer-mediated interventions have shown some promise yet have failed to demonstrate sustained or generalized effects [see McEvoy et al., 1992 for a review]. Even general social skills curricula have not yielded substantive gains [e.g. Jenkins et al., 1989]. Other interventions that **have** successfully altered children's peer-related social competence have done so by effecting change in parent-child interactions [LaFreniere and Capuano, 1997] (Guralnick, 1999). In addition, four other areas of family life have been shown to be major contributors to young children's peer related social competence. They are: 1) parental fostering of their child's peer social network; 2) parental attitudes, beliefs, and knowledge about the competence level of their child, the importance of peer relations and their malleability, and the socialization strategies to modify their child's peer interactions; 3) the quality of parent-child interactions; and 4) family risk factors (Guralnick and Neville, 1997). These terms have been modified for use in The Play Tools for Toddlers Curriculum for Families. They will be referred to as 1)Parent child interactions, 2) Family attitudes and beliefs, 3) Parent orchestrated learning opportunities, and 4) Family Support.

The Play Tools for Toddlers for Families has been designed to guide interactions with families as they identify areas of family life in which they can be influential in helping their child develop peer-related social competence.

The Play Tools for Toddlers Curriculum for Families has been designed to guide interactions with families as they identify areas of family life in which they can be influential in helping their child develop peer-related social competence.

## WHO IS THE PLAY TOOLS FOR TODDLERS CURRICULUM FOR FAMILES FOR?

It was designed to be used with families of children age 18 months to 3 years who wish to learn ways to facilitate their child's social competence through the use of their daily routines. It is meant for use with The Play Tools for Toddlers Curriculum, which focuses on enhancing toddlers' peer-related social skills in classroom settings and other natural environments.

## CURRICULUM FORMAT

The Play Tools for Toddlers Curriculum for Families is organized into these major sections:

- Curriculum Content
- Discussion of Parent Child Interactions, Family Attitudes & Beliefs, Parent Orchestrated Learning Opportunities, and Family Support
- Assessment protocol by visit
- Description of measures
- Outcome development
- Developing the family curriculum handbook and data collection forms

# Curriculum Content

The intervention approach for The Play Tools for Toddlers Curriculum for Families is based on the concepts of **enabling** and **empowering** families. **Enabling** refers to creating opportunities for individuals and families to exhibit their competence or ability to manage their family's course of action in particular situations or under particular circumstances (Dunst, Trivette, & Deal, 1988). **Empowerment** refers to the individual's or family's ability to attribute positive changes in behavior or circumstances to his/her or their own actions in order to realize a sense of control in managing family life (Dunst, Trivette, & Deal, 1988). Such an approach to family intervention is based on recognizing and building on family competencies and strengths. The principles of enabling and empowerment have been discussed as favorable approaches to early intervention for toddlers and their families in that they promote family choice and control which are central to family-centered care practices as designated by Part C of IDEA (Trivette, Dunst, Hamby, & LaPointe, 1996). The concepts of enabling and empowerment will be the basis for identifying specific strengths and competencies for each family that will help the family to provide the child with play and learning opportunities to enhance social competence with peers.

The beliefs and behaviors (Dunst and Trivette, 1987, 1988, 1989) that characterize the approach to working with families in implementing the intervention plan include:

1. A positive and proactive stance toward families.
2. Belief in the family's responsibility for solving problems and meeting their own needs.
3. Belief that all families have the capacity to understand, learn, and manage events in their lives.
4. Ability to build on family strengths, not try to "fix" deficits.
5. Ability to work with families in a proactive, anticipatory fashion rather than waiting for things to go wrong before intervening.
6. Ability to teach families the competencies they need to better negotiate their family's developmental course.

7. Ability to help families identify and prioritize their needs as they see them.
8. Ability to get active family participation as part of mobilizing resources.
9. Ability to use partnerships and parent-professional collaboration as the foundation for enhancing family strengths.
10. Ability to provide families with the information essential to informed decision making.
11. Ability to accept and support decisions made by families.

In addition to enabling and empowering, The Play Tools for Toddlers Curriculum for Families is firmly grounded in the tenets of cultural sensitivity. The understanding that families differ greatly on a number of dimensions, including their views of family roles and relationships, their views of their child's disability or condition, and their attitudes toward help-givers and comfort with seeking assistance, is reflected in the family-driven process utilized to determine outcomes. Because the outcomes are based on the family's desires, strengths, and competencies, it is possible to develop outcomes that are consistent with the family's cultural expectations for child behavior and the development of their family as a whole.

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# DISCUSSION OF PARENT CHILD INTERACTIONS, FAMILY ATTITUDES AND BELIEFS, PARENT ORCHESTRATED LEARNING OPPORTUNITIES, AND FAMILY SUPPORT

This intervention plan assesses where families are in relation to parent child interactions. The impact of this area on a child's peer related social competence has been established by many researchers as the finding of the importance of parental control and warmth during parent child interactions has been consistently replicated. Higher levels of social competence (measured with a variety of techniques) have been tied to positive displays of parental affect and, reciprocally, lower levels of competence have been tied to negative parental affect (Gottman & Katz, 1989; MacDonald & Parke, 1984; Putallaz, 1987) and a lack of control and limit setting (Gottman & Katz, 1989). LaFreniere and Dumas (1992) found that when preschoolers rated their peer's social competence, socially competent children were linked to mothers who responded appropriately to positive and negative affect and to compliant and non-compliant behavior. In addition, they were able to use these behaviors consistently when interacting with their children. As a result of this information, the goal for this section of the Curriculum is to build parents ability to read their children's cues and teach them to respond contingently to those cues. Building these skills is initially incorporated into play time with their children. Parents are then encouraged to include these skills into other activities throughout their day.

Next the Curriculum helps to assess a family's attitudes and beliefs. Research into the importance of this area on the development of a child's social competence has lead to the identification of several factors. They include the importance parents attach to the domain of social competence, how they conceptualize reactions to their child's problematic social behavior, and their beliefs as to whether specific social skills are determined more by environmental circumstance than by intrinsic characteristics of their child (Rubin & Mills, 1990). The goal of this area is to determine where parents stand in relation to each of these areas and focus on building parents awareness of the importance of social competence, and their understanding of the impact they can have on their child's development in this area.

Parent orchestrated learning opportunities is another means through which parents can influence their child's social competence. By this we primarily mean arranging play dates with children in a child's peer group. Other areas of parental impact include choice of housing (raising or lowering the number of other children in the neighborhood, opportunities for play in places like playgrounds, and safety), involving their child in organized activities, choice of child care situation, and contact with extended family members. By increasing a child's circle of friends parents offer their children more opportunities to practice those skills gained during interactions with their parents. It is not surprising that experience with peers is an important pathway to peer social competence (Mueller & Brenner, 1977). The goal for this area then becomes encouraging parents to increase their child's peer social network.

Family support emerges as an additional area of importance when designing interventions for developing a child's social competence. Difficult child characteristics and the absence of adequate social supports can be said to constitute risk factors that, under certain conditions, will adversely affect those family relationships (parent child interactions, family attitudes and beliefs, and parent orchestrated learning opportunities) that influence a child's developing social competence (Guralinick, & Neville, 1997). The goal of this section of the Curriculum is to alleviate a family's stress and increase their level of social support so that they can focus on the development of their child's social competence.

The information gathered in all of these areas is summarized and used as a basis for guiding interactions with families as outcomes are developed, implemented, and achieved.

# Assessment Plan

The cornerstone of the assessment plan is the Family Interview. It contains open-ended questions that focus on collecting information on the areas of family life listed previously. Following the interview, the family is asked to respond to several questionnaires and scales and to participate in a parent-child play session while being observed. Information is summarized and discussed with the family following the assessment phase.

## ASSESSMENT PROTOCOL BY VISIT

**Visit 1:** The first meeting with the family consists of getting to know the child and the family. The following is a list of items to complete:

- Review the project using the consent letter as an outline
- Provide copies of project and division brochures
- Collect information using the following forms (be sure to explain the purpose of the forms):
    - Consent Letter (2 copies-leave one with the family)
    - Family Demographics
    - Day Program Contact Sheet
    - Support Services
    - Child Intervention History
    - Stipend Form
- Ask if the child's daytime program and early intervention providers have been contacted and, if not, how would the parents like that to happen (from us or them)
- Ask if the parents have any questions

**Visit 2:** Become familiar with the child in his/her natural environment. Introduce the concept of social outcomes for the child and family for home and community environments (program).

- Collect information using the following forms (explain the purpose of the forms):
    - Play Profile (used to collect information on the child's play and toy preferences)
    - Friendship Survey
- Ask the family how they prefer to complete the following forms (either a project staff person can ask them the questions in person or over the phone or we can leave the forms for them to complete on their own):
    - Family Support Scale
    - Personal Network Matrix
    - Social Network Questionnaire

**Visit 3:**

- Ask the family if they have any questions
- Conduct the *Family Interview* which contains questions that focus on the four areas of family life (child's peer social network, family attitudes, beliefs and knowledge, quality of the parent-child relationship, and family risk factors)
- Ask the family to think about the information discussed during the family interview in order to come up with specific outcomes on the next visit
- Leave the following forms for the family to fill out:
    - Child Behavior Checklist
    - Parenting Stress Index
- Collect any forms left behind on a previous visit

**Visit 4:**

- Discuss the family's wants and ideas for social outcomes (use the summary of family interview and other forms as needed)
- Decide on family outcomes along with the family
- Ask the family to think about some of the activities, functions/celebrations, and routines that are part of their life. This information will be useful during the next visit when we will discuss opportunities to address the outcomes within these situations
- Collect any forms left behind on a previous visit

***Project staff write up family outcomes (first draft).***

**Visit 5:**

- Review outcomes with the family to ensure they reflect the family's priorities
- Identify opportunities to incorporate the outcomes into the family's daily lives (activities outcomes matrix)

Staff completes a handbook for the family that includes outcomes and steps to reach the outcomes, strategies, and activity suggestions. Also included is information about when the family plans to work on the outcomes.

**Visit 6:** Spend time playing with the child and his/her family.

- ✦ Review the family handbook including data collection sheets
- ✦ Ask the family how they would like to structure the visits (e.g., days, times, activities, information sharing)

***Utilize the information above to structure the subsequent visits according to the family's requests.***

Share pertinent information with the family during subsequent visits. Plan activities for the child and family, as needed. During each visit, ask how things went over the past couple of weeks specifically in regard to the child's outcomes. Inquire about data collection sheets. Have they been filled out? If yes, look them over, discuss them with the parent and collect them. If no, ask the questions on the sheets, discuss them, and record the information during the visit. Model strategies for working on outcomes at home. Review the outcomes with the family every 3 months, as well as informally assessing the need for review on a regular basis.

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# Description of Measures

## Informal Assessments

### FAMILY INTERVIEW

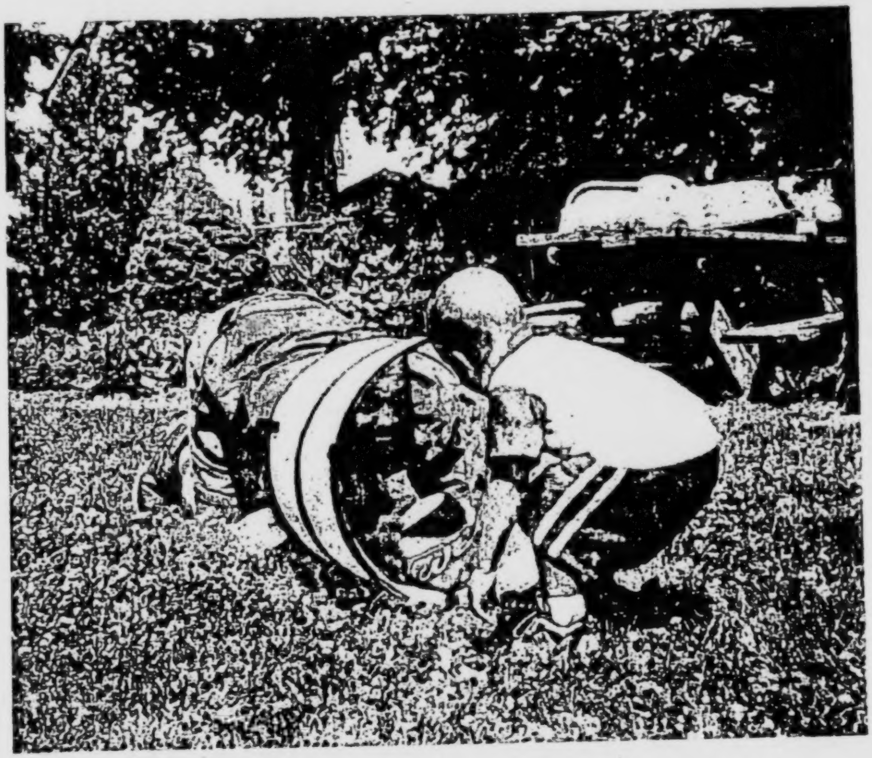
The purpose of the Family Interview is to begin to establish a rapport and a collaborative relationship with the family and to gather specific information from the family's perspective. This information will include the family's daily routines and schedule, favorite activities, beliefs about the child's learning style, beliefs about the determinants of social competence, the parent-child relationship and play interaction, providing opportunities for the child to play with other children, and family stress and support. It is completed as an interview with the family.

### THE PLAY PROFILE

The Play Profile is an assessment tool that assists both professionals and parents in identifying a child's strengths and preferences. These strengths are then utilized along with the Family Interview to develop individualized goals and outcomes that will enhance a child's ability to play with other children. The Play Profile is designed to identify primary areas of interest in both home and group environments. It consists of a series of comprehensive questions that can help parents and professionals develop the specific interventions that will be implemented with the child. It is completed as an interview with parents.

### THE ASSESSMENT OF PEER RELATIONS

The Assessment of Peer Relations (APR) is an assessment based on the observations of a child's behavior and is completed by the family and professionals in an interview format. It is based on the belief that children need to master certain fundamental social tasks before they can learn more complex social tasks. The purpose of the APR is to organize observations of children in free play to identify the skills they currently have and those that they need to learn. The APR is divided into three sections. Section I, Overview, Foundation Processes and Developmental Issues, identifies a child's foundational skills. Section II, Social Strategies and Social Tasks, looks at the child's current strategies for pursuing more complex social tasks such as, joining other children in play or resolving conflicts with other children. Section III, Processes, explores the complex incorporation of the foundation processes that may affect social development. This information is used in the designing of intervention outcomes.



# Formal Assessments

## QUESTIONNAIRES AND SCALES

Families are asked to respond to several scales and questionnaires. The family should be offered a choice regarding their preference for how and when to complete the questionnaires (e.g., completing along with a staff member, completing on their own time and mailing the items back, completing over the phone, etc.)

## QUESTIONNAIRES AND SCALES INCLUDE:

Child Social Network Questionnaire: The Child Social Network Questionnaire asks the family to list any children who are not siblings or who do not live in the child's household (outside the community-based peer group setting) with whom the child has played or had contact with in the past week.

Child Behavior Checklist: The Child Behavior Checklist is a standardized parent report instrument which measures common child behavior problems. The checklist describes 99 common child behavior problems and asks parents to indicate the degree to which each behavior describes their child. The scores obtained from the Child Behavior Checklist can be compared to norms to determine whether the child's behavior is of "clinical significance". Use of subscale scores and examination of individual items can be helpful in identifying areas that may influence the child's social competence with peers.

Parenting Stress Index: The Parenting Stress Index asks parents to respond to items which address the degree of stress the parent is experiencing in relation to child characteristics (i.e., adaptability, acceptability, demandingness, mood, distractibility/hyperactivity, reinforces parent) and parent characteristics (i.e., depression, attachment, restriction of role, sense of competence, social isolation, relationship with spouse, and health). Scores on each domain can be compared to norms to determine whether the family is experiencing levels of stress that are higher than normal.

Family Support Scale: The Family Support Scale measures the sources and amount (on a five-point scale) of social support the family receives.

Personal Network Matrix: The Personal Network Matrix measures the frequency of contact the parent has had with various individuals including extended family members, people in the community, and service providers within the past month.

Parent Satisfaction Report: The Parent Satisfaction Report is an evaluation tool which measures parents' satisfaction with various aspects of The Play Tools for Toddlers Curriculum and the Family Intervention Plan for Enhancing Social Competence in Toddlers.

## OBSERVATIONAL ASSESSMENTS

Observational assessments are completed by viewing a 30 minute video tape of parent-child interactions during play. The family should be offered a choice regarding the time of the assessment, where in the home it will be filmed, etc.

**Parent/Caregiver Involvement Scale:** The Parent/Caregiver Involvement Scale is an observational assessment that addresses the amount, quality, and appropriateness of the caregiver's involvement with the child in the following areas: physical, verbal, responsiveness, play interaction, teaching, control, directives, relationship among activities, positive statements, negative statements/discipline, goal setting, and general impression of caregiver/child interaction. The parent and child will be observed for 30 minutes during an unstructured play interaction in the home.

Examples of all assessment forms can be found in Appendix A.

# Outcome Development

An individualized outcome plan will be developed collaboratively with each family based on the issues discussed in the interview, responses to questionnaires, and observational assessments. Before the planning meeting with the family, a Family Intervention Planning Summary Sheet is completed. This form summarizes the information collected during the assessment phase and alerts the interventionist to any specific issues the family may be dealing with that may impact the successful outcome of the intervention. For example, high levels of stress or a belief that the child's social competence is attributed only to the "personality" of the child. Information from the assessment phase is recorded into one of the four identified areas of family life that are known to influence children's peer-related social competence. Again, those areas are, peer social network, attitudes, beliefs and knowledge of the family, quality of parent/child interaction and family risk factors. The summary sheet should be used as an awareness raising tool and to help guide future interactions with the family. Additional information about the importance of these areas is provided below.

## 1. PARENT CHILD INTERACTIONS

The attachment relationship between the parent and the child has been shown to be important to the child's peer-related social competence. Attachment is said to refer to the affective relationship between the mother, father or primary caregiver and the child rather than the personal characteristics of either the parent or the child. The attachment relationship allows the child to use his/her attachment figure (mother or primary caregiver) as a secure base from which to safely and confidently explore the social world. Also, the child is said to develop a sense of trust that his/her basic needs will be met when the caregiver is responsive to the child's cues. Within the attachment relationship then, it is said that children learn the basics of reciprocity, self-efficacy, and self-worth.

The quality of the attachment relationship is typically assessed using Ainsworth's Strange Situation paradigm that involves several mother-child separation-reunion episodes in which the child's responses to separation from and reunion with the mother are observed. Quality is characterized as secure or insecure attachment. Several variations of insecure attachment are possible. Children who are securely attached to their caregivers have been found to be more socially competent with peers on several constructs including responsiveness and positive affect. Parental behavior that is associated with insecurely attached infants includes lack of responsiveness or non-contingent responding, negative affect, and directiveness. Insecure attachment has been associated with negative social competence outcomes for children.

While it may be difficult to alter the basic nature of the parent-child relationship within a particular family, it is possible to facilitate the parent-child relationship by addressing specific aspects of parent behavior vis-a-vis the child that are known to influence the child's social competence with peers such as parental affect, directiveness, and control of the child's behavior and activities. It may also be necessary to address separation issues, if present, in order to promote the child's comfort in and exploration of various social contexts. Family outcomes in this section should focus on addressing specific aspects of parent behavior, where appropriate, and addressing separation problems, if present. The general goal for intervention in this area is to increase the family's enjoyment in interacting with the child and to promote parent-child play activities that may enhance the child's peer-related social competence. Parent-child interaction is important to the child's social development in that the child learns the basics of communication, turn-taking, paying attention to others, and responding to others within the parent-child relationship. Positive parental affect, responsivity, and moderate amounts of control over the child's behavior have been shown to be positively related to the child's social competence with peers. Family outcomes should focus on increasing opportunities for parent-child play, where appropriate, and increasing positive affect and enjoyment during interactions. The parent-child play context can also be used to encourage parent behaviors that promote social competence in children, such as following the child's lead in play, promoting interaction skills such as turn-taking, encouraging communication, regulating emotions, and establishing and maintaining a joint focus of attention on an object, toy, or activity.

This area is important and should become a focus of interactions with families if the summary information from observations, the Parent Child Interaction Scale, and the Family Interview indicate low levels of enjoyment when interacting with the child.

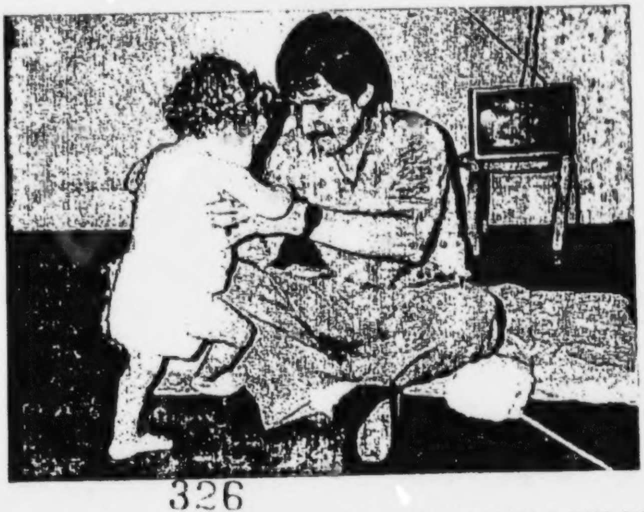
**Goal:**

The general goal for intervention in this area is to increase the family's enjoyment in interacting with their child and to promote parent-child play activities that may enhance the child's peer-related social competence.

**Strategies for Achieving Outcomes:**

1. Using information from the family assessments and any observations the parent makes regarding play interests, discuss with the family those play activities that are enjoyable to both the child and the parent(s).

2. Choose a time during the day that can be set aside specifically for play and/or discuss ways to embed play into daily routines or household tasks if it is difficult to set aside a separate time due to time constraints. When embedding play in daily routines, it is important that the play reflect the *child's* interests and preferred activities and that activities are not imposed upon the child based on the adult's needs. Some families may feel that certain daily routines are not appropriate for play. For example, feeding and mealtime is often not viewed as an appropriate context for play activities. It is important to determine which daily routines families feel are appropriate for embedding play.



# Examples of Child Social Outcomes and Activities for the Home:

| **Social Outcome** | **Home Routine** | **Suggested Activity** |
|---|---|---|
| Child participates in communicative exchange. | Eating | Ask child to indicate his/her preference when offered 2 food choices. |
| Child responds to social contact of others. | Car Travel | Practice waving bye-bye to people when leaving. |
| Child participates in social games. | Dressing | Play peek-a-boo while putting on child's shirt. |
| Child makes a request. | Playtime | Observe child's attempt to obtain a toy, wait for any communication from the child that approximates a request (pointing, gesturing, naming), then retrieve the object for the child. |

## 2. FAMILY ATTITUDES, BELIEFS AND KNOWLEDGE

The family's attitudes and beliefs regarding the importance of social competence and their belief in their ability to contribute to positive changes in their child's social competence are important to the effectiveness of the intervention. In general, parents tend to attribute positive child characteristics and behaviors to factors that are under parental control, such as parenting techniques, and negative child characteristics to circumstances that are outside of their control, such as genetic traits or constitutional factors (Booth, 1997). Children who are socially competent tend to have parents who believe that they play an influential role in the child's social development. It is important that parents recognize that they can be influential in promoting the child's social competence. Therefore, intervention for families who believe that they have little influence on the positive aspects of their children's social development should focus on illustrating the positive effects of the parents' attempts to influence the children's social competence. Outcomes should focus on helping families recognize the opportunities they have to influence their children's social development.

This area should be addressed if the summary information collected indicates attitudes or beliefs that attribute a child's social competence to the personality of the child and feelings by the parents that they cannot influence their child's development in this area.

**Goal:**

The goal for intervention for family attitudes and beliefs is to help families understand the importance of social competence and the possible benefits to other areas of development that may be realized by increasing a child's social skills. The general purpose of this section is to educate families about the opportunities they have to facilitate and promote their children's social competence.

**Strategies for Achieving Outcomes:**

1. Discuss and define the concept of social competence with the family and give examples of interpersonal goals and their success and appropriateness.
2. Point out the ways in which social competence can be important to other areas of development.
3. Develop materials for parents to read or use such as a brief pamphlet on social competence and a matrix or table with developmental domains and outcomes for social competence.

### 3. PARENT ORCHESTRATED LEARNING OPPORTUNITIES

Children require regular opportunities for social interaction in order to practice their emerging social skills. Children with disabilities are known to have fewer opportunities for social interaction. This places them at even greater risk for social difficulties beyond the risk factors associated with their particular disabilities or conditions. The main goal for intervention in this area is to increase the amount of contact the child has with other children and to work on improving play and interaction skills during playtime with other children. This can be accomplished by guiding parents in identifying opportunities for arranging play opportunities with other children such as "play dates", joining play groups, and other community programs. It is sometimes difficult for parents to enroll children who have special needs in community programs because such programs often have not included these children in the past and are not equipped to provide for the child's special needs. Therefore, a related goal for intervention in this area is to help families advocate for full inclusion of their children into the community programs in which they would like their children to participate. This may require advocating for certain supports and resources that will enable the child to participate in community programs. This is an important area to address if the summary of the information collected indicates no or low levels of contact with other children.

**Goal:**

To increase the amount of contact the child has with other children and to build play interaction skills during those times.

**Strategies for Achieving Outcomes**

1. Using the Social Network Questionnaire, identify any child or children (outside of the early childhood setting) with whom the focus child has had contact or played with in the past week.
2. Discuss with the parent how the children play together and if that particular child would be a good choice for increasing social contact.
3. Assist the family in developing a specific plan for increasing the child's contact with a specific peer(s), keeping in mind the child's strengths and capabilities. For example, the child may be comfortable interacting with one peer at a time or may enjoy listening to stories in a group.
4. Identify community programs and resources that are available in the community. Consider the family's goals and desires for the types of activities they would like themselves and their child to engage in.
5. Locate specific programs that reflect the family's goals and consider the supports the family might need in order to participate (e.g., physical adaptations, ensuring safety, sharing information about the child).
6. Use specific informational resources such as printed community guides, community newspapers and information from other members of the community to identify activities and possible supports (e.g., special equipment, supportive staff, financial support to purchase special equipment).

# Possible Suggestions for Increasing Contact with Peers

- Join a play group or other community activity in which the child will have an opportunity to participate in free-play activities.
- Where appropriate, encourage the child to play with siblings (younger or older) and other family members (cousins) at family gatherings or at home.
- Visit a nearby park or playground on a regular basis. Encourage the child to play near others or with others when appropriate.
- Brainstorm with the family on specific ways to increase contacts with peers.

*Suggestions for Inclusion in Community Activities (From Umstead, Boyd, & Dunst, 1995 Building Community Resources Project)*

## 4. FAMILY SUPPORT

Families of children who have disabilities often experience a great deal of stress due to the demands associated with caring for a young child with special needs. It is often difficult for a family to increase their involvement in providing play and learning activities for their child when they are already experiencing high levels of stress. Therefore, outcomes in this area should focus on guiding a family in identifying ways to manage stress by increasing their coping skills, soliciting additional support from others, and by finding specific ways to ease stress. This is important to the well being of the family and the effectiveness of the intervention program. This area should be addressed first if the information gathered indicates low levels of support or a family in crisis.

**Goal:**

The goal for intervention for Family Risk Factors is to enable families to mobilize resources they feel would be helpful in reducing family stress.

**Strategies for Achieving Outcomes**

1. Focus on the family's strengths (as determined by questions in the Family Attitudes and Beliefs section of the Family Life Interview) to discuss ways in which the family can mobilize their own resources to increase social supports and personal contacts.

2. Review the family's responses to the Social Support Scale and Personal Network to identify those individuals who may be "untapped" sources of support. Ask the family, "For any of the individuals for whom you reported you receive very little assistance or only some assistance from, do you think these individuals could take a more active role in helping you to meet your needs as a family?" and "What can you do to increase their involvement?"

Examples of Building on Family Strengths

1. A parent may express that she values the relationship she has with her child's therapist, early intervention teacher, or daycare teacher and feels comfortable in seeking information and assistance from this individual. This individual may be a resource for information about the child's disability or condition, general developmental issues, and child care issues. This relationship might be an avenue for furthering the family's level of informational support concerning their child.

2. It may be directly or indirectly stated that the family has strong emotional ties to other extended family members or that family solidarity and loyalty is very important. Seeking assistance and support from family members may be very effective for this family. This may include emotional support such as providing a "listening ear," instrumental support such as running errands and doing chores, physical support such as providing meals, clothing, or toys, and informational support.

# Possible Suggestions to Give to Families for Increasing Support and Involvement

- Strategize with your spouse or partner the ways in which child care and other household tasks can be organized, divided, and shared.
- Arrange to trade child care responsibilities with a neighbor or friend in order to have time to yourself for relaxation or for pursuing personal interests.
- Increase the household responsibilities of older children in the family where appropriate.
- "Trade" services and responsibilities with others (e.g., friends and neighbors) where possible (e.g., shopping, errands, household repairs).
- Organize a children's clothing, toy, or book exchange with friends, family, or neighbors.
- Brainstorm about "untapped" community resources that the family might use (e.g., clergy, parent groups, social clubs or groups, public library, cooperative extension).

An example of the summary sheet can be found in Appendix B.

# Developing the Family Curriculum Handbook and Data Collection Forms

A planning meeting is held with the family to develop the Activity Plan. The individualized plan developed along with each family is used to implement The Play Tools for Toddlers Curriculum for Families and to monitor its effectiveness. In addition, each family is provided with an individualized curriculum handbook for their own use which contains a description of the outcomes, short term objectives, intervention activities, and data sheets to record their participation in the various activities of the curriculum. Activity Plan Sheets are used to record the information generated at the meeting.

## ACTIVITY PLAN SHEETS

One activity plan sheet is provided for each outcome. Each sheet contains one outcome, the steps or activities for achieving the outcome, any procedures or strategies needed to work toward each objective and outcome, materials, when the outcome will be addressed, and the indication that it has been successful.

**Each activity table will include:**

1. **The specific activity to be carried out.** For example, "Practice turn-taking during play."
2. **The steps or activities toward reaching the outcome.** If the activity is a specific play activity, outline the smaller steps needed to accomplish the outcome. For example, watch the child while they play to determine what he/she is doing with a particular toy. Then, imitate the child's actions, comment on what they are doing with the toy, expand the child's play with that particular toy by adding additional toys of the same type or providing a toy that can be played with in many different ways. If the activity is focused on parent behavior that does not involve direct interaction with

the child, such as enrolling the child in a community play group or engaging in a leisure activity with one's friend or spouse, the general plan for carrying out the activity should be outlined.

3. **How often the activity should be carried out.** Attention should be given to deciding how frequently the activity should be carried out (e.g., once a day, whenever an opportunity arises, once a week, etc.). The frequency should be appropriate to the family's daily routine and the goals for intervention.

4. **The specific items, materials, or resources needed to carry out the activity.** This may include toys, games, information, space, and people. The items used should reflect the family's and the child's preferences. (For example, "Use child's favorite ball to practice turn-taking by rolling the ball back and forth.")

5. **The time of day or point in time during which the specific activity will be carried out.** This is important to decide when planning and developing specific intervention activities to insure that a specific time has been set aside and that this time is convenient to the family's daily schedule and routine. If the activity involves a series of steps, such as enrolling the child in a play group or other community program, a proposed date of completion for each step in the process should be noted here. (For example, "Collect information about community play groups over the next two weeks.")

6. **The behaviors, feelings, and actions that indicate the successfulness of the activity.** It is important to identify what will indicate whether or not the outcome has been successfully demonstrated. In response to the question- "How will we know if it's working?" -success should be described in concrete terms such as, "We will play with other children 2 times a week."

An example of a Family Handbook can be found in appendix C.

# Data Collection for Families

The family will keep a daily log on the Activity Diary of their participation in curriculum activities. Because each family's plan will be individualized, the form provided is general and asks the family to report on daily activities related to the intervention plan.

**FAMILY DATA COLLECTION:**

- The family is asked to record what happened or what activity they were participating in when they worked on the child's objective.
- They should then record what went well.
- Next they record what they feel would have made it go even more smoothly.
- Finally the family will record what the next step will be in addressing the various objectives based on the results of the day's activities. This will be used to monitor the effectiveness and feasibility of the family's activity plans.

This Activity Diary should be discussed with the family during visits. By reviewing this information, interventionists can help families recognize if an outcome needs to be modified or, if one has been accomplished, a new outcome can be generated.

An example of a Family Activity Diary can be found in Appendix D.

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# APPENDIX D

onnecticut
irth to
hree
ystem

February 1, 2000

Dear Parent:

The Connecticut Birth to Three System has agreed to assist the Division of Child and Family Studies at the University of Connecticut Health Center in an exciting project. The project is funded by the U.S. Department of Education to focus on the social skills and friendships of toddlers who have special needs. The Division of Child and Family Studies is looking for families to participate.

In order to participate, your child must be:

- 18-24 months of age
- receiving Birth to Three services or currently experiencing delays in social development
- enrolled in a toddler program such as group child care or a play group along with typically developing children.

You will be eligible to receive payment in appreciation of your participation. Participation is completely voluntary and confidential.

The Division of Child and Family Studies would like to talk to you more about this project or other projects involving children and families. Please see the enclosed brochure for additional information. If you are interested or have any questions, please call Mary Beth Bruder, Project Director, or Anne Marie Davidson, Project Coordinator, at 860-679-1568.

Sincerely,

Linda Goodman

Linda Goodman
Director, Connecticut Birth to Three System

ntral Office
) Capitol Avenue
rtford, CT 06106-1308
one 860-418-6146
‹ 860-418-6003
D 860-418-6079
·b Site www.birth23.org

The University of
Connecticut Health
Center, Division of
Child and Family
Studies is conducting a
project funded by the
U.S. Department of
Education.

This project will study the effectiveness of a curriculum designed to promote the social competence of children with disabilities.

## What is Social Competence?

A child's ability to successfully and appropriately interact with others.

## Did You Know?

Not all children have the opportunity to successfully interact with their peers.

## Why Toddlers?

It has been suggested that the period between 16 and 32 months of age represents a significant period in the growth of social development.

## We are looking for children who are:

- ☐ Between 18-24 months of age
- ☐ Currently receiving Early Intervention services or currently experiencing delays in their social development
- ☐ Currently enrolled (or considering enrollment) in a group setting with typical children (e.g., child care, playgroup) at least 2 days per week

**Your participation in this project will be completely confidential**

# APPENDIX E

Phone Contact. 7/7/00. **CD's Child Development Center**. Described the project and the eligibility criteria. The children who are enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/7/00. **Kiddie Kingdom Child Enrichment Center**. Discussed the project and the eligibility for participation. The program accepts children with special needs, although the children who are currently enrolled do not meet all of the criteria for the project.

* Phone Contact: 7/10/00. **Children and Friends.** The director called to confirm the participation of one of the two children that she had referred earlier (turns 2 on 11/28/00). The mother of the child who turns 2 this month has requested to meet with the Project Director to answer a few final questions. A meeting was arranged for 7/14/00.

Phone Contact. 7/13/00. **Easter Seal Society of North Carolina**. Called to request information about special needs toddler programs in Western North Carolina.

Phone Contact. 7/13/00. **Under the Sun Children's Center**. Described the project and explained the eligibility criteria. There are not any toddlers enrolled at this time who meet the age criteria for the project.

Phone Contact. 7/13/00. **Rainbow Mountain Children's School**. Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone Contact: 7/13/00. **Kathie's Kiddieland**. Described the project and reviewed the eligibility criteria. The toddlers enrolled at this time do not meet all of the criteria for the project.

Phone Contact: 7/13/00.**The Children's Place at Trinity UMC**. Called to discuss the project and the eligibility for participation. The program does not have any toddlers who meet all of the criteria for the project.

* Personal Meeting. 7/14/00. **Kristy Treadway.** Met with the mother who would like to participate in the project. She had a question about the eligibility criteria. It was determined that Bryson does meet the eligibility. He receives services through the Buncombe County Health Department, Early Intervention program. Bryson is apparently the child that Dean Griffin had mentioned as a possible referral. The project was discussed in more detail, and Kristy requested to participate. The RA will call her to schedule the first home visit.

Phone Contact: 7/14/00. **Paralegal Preschool**. Described the project and outlined the eligibility for participation. No referrals resulted from the contact.

## Social Competence Curriculum Project Activity Report

**Orelena Hawks Puckett Institute**
**March-August 2000**

### Staff Hiring and Training

The hiring process for the Social Competence Curriculum Project involved placing newspaper ads in both Buncombe and Burke Counties for a research assistant (interventionist). The resumes of approximately 2 dozen people were reviewed by the Project Director, and 13 people were personally interviewed. A master's level person with a degree in social work having experience working with families and young children was hired for the position. The full-time research assistant was responsible for assisting the project director in recruitment efforts in several counties, collecting data on participating children, and working with families, program teachers and staff, and early intervention professionals to implement the social competence curriculum with the intervention group. In addition to the full-time research assistant, a part-time research assistant devoted time to recruitment efforts in Burke and Catawba Counties and to assisting with data collection for a control group family.

The full-time research assistant was trained by the project director in the procedures and curriculum. Thorough training on using the measures and interrater reliability for observational measures was conducted (e.g., 18 hours of training in completing the coding for the activity log were completed, of which 9 hours were used to establish acceptable interrater reliability).

### Recruitment for the Social Competence Curriculum Project:

Recruitment for toddlers to participate in the Social Competence Curriculum project was conducted in seven counties in North Carolina: Buncombe, Burk, Madison, Haywood, Transylvania, Catawba, and McDowell. Programs and agencies that potentially involved young children with disabilities were contacted to discuss the projects. As appropriate, contacts with agencies and programs consisted of telephone calls to briefly explain the project and the criteria for participation, personal meetings with program and agency directors to discuss the project in more detail, and presentations to program and agency staff if they worked directly with parents or children.

The recruitment efforts originated in Burke County. This county was chosen because of the Puckett Institute's longstanding relationship with the Family, Infant, Preschool Program (FIPP) at the Western Carolina Center. FIPP provides developmental evaluations and early intervention services for hundreds of young children and families in Burke County and 3 contiguous counties. It was expected that the sample for the Social Competence Project would come through referrals made by FIPP staff, and therefore, the initial recruitment efforts were targeted largely towards FIPP programs. The recruitment efforts were soon expanded to include contacting families on the mailing list of families interested in participating in Puckett Institute projects, and to calling all of the daycare programs that accepted toddlers with disabilities. The recruitment also was expanded so that all area agencies and programs dealing with toddlers were contacted about the project. There was some overlap in agency service area, in that some agencies in Burke County actually served children from surrounding counties as well. Whenever there was interest expressed in the project, or the possibility of a referral immediately or in the near future, project brochures and parent letters were mailed or delivered personally, as preferred by the contact person. Whenever possible, a personal presentation was scheduled to speak with staff about the project so as to increase the possibility of a referral.

As there were not many children recruited through FIPP (2 children met the criteria and agreed to participate) or other Burke County agencies, the recruitment process was expanded into the other six counties, beginning with McDowell County, and then extending into Buncombe, Haywood, Transylvania and Catawba Counties. As with the Burke County recruitment process, all agencies dealing with toddlers with disabilities were contacted about the project, as were all of the licensed daycare programs that accepted toddlers with special needs. Any public or private program that might be able to refer a child for the project was contacted to discuss the project and the eligibility criteria for participation.

There were a total of 198 daycare centers and private day homes accepting toddlers with special needs contacted regarding the Social Competence Project. Contacting these programs resulted in 6 referrals, of which 4 children met the criteria. Of these 4 children, 2 are currently participating in the project, and the other 2 families were scheduled to participate when the children turn two in the winter of 2000.

In addition to contacting childcare programs, programs providing developmental evaluations and health-related services were contacted, including county health programs and pediatric practices. A total of 36 health related agencies were informed about the project, and distributed project information, yielding 2 referrals, one child who is currently participating after having also been referred through his daycare director. The other child did not meet all of the criteria.

The Family Resource Programs in each county, community playgroups, and parent-to-parent programs were also contacted for project referrals. A total of 16 programs were informed about the project, with some programs sending project brochures to parents on their mailing lists, yielding 6 referrals. Of the referrals, 2 of the children met all criteria, but the parents did not agree to participate.

County programs were also contacted, including the preschool programs of the public school system, the toddler programs of the library system, and county child care and preschool services. A total of 21 programs were contacted, but they did not yield any referrals of children meeting all of the criteria.

The Puckett Institute keeps a list of families who are interested in participating in research projects and this list was reviewed for families of toddlers to contact. There were 13 families with children who met the criteria, of which 7 families agreed to participate in the project. One child is currently participating, 1 child was dropped for no longer meeting the play group criteria, and the other 5 children are scheduled to participate when they turn two at the end of the year.

In addition to the previous contacts, recruitment has also occurred through community support groups and agencies working with special needs children. A total of 12 such agencies were contacted regarding the project, including ARC of Buncombe County, the Cystic Fibrosis Support group, the March of Dimes Birth Defects Foundation, Group B Strep Support Group of Haywood County, the Black Mountain Parents of Children with Special Needs Support Group, and TEACCH Western Center for Autistic Children. There were no children located for participation through this recruitment strategy.

Recruitment also occurred through newspaper advertising. Advertisements describing the project and criteria for participating were placed in 4 newspapers in Burke, (Morganton News-Herald) Catawba (Iwanna) and Buncombe (Asheville-Citizen Times; Iwanna) Counties. These advertisements resulted in 3 contacts with interested parents, although none of the children met the criteria for inclusion in the study.

Further recruitment took place through the use of flyers describing the project and the criteria for participating. These flyers were posted in locations frequented by families, including grocery stores, laundromats, pediatric healthcare provider offices, libraries, and community recreation centers. These flyers did not result in any referrals for the project.

In sum, the 6 months of recruitment efforts have yielded a total of 13 eligible families who have agreed to participate in the Social Competence Curriculum Project. Of these 13 families, 3 families are actively participating in the project, and 10 families were expected to participate when the children turned 2 between August 2000 and April 2001. Despite the exhaustive recruitment effort in the targeted counties, there were few children who were referred for participation in the project. The most common reason for a lack of referrals, as given by the persons contacted, was that children in their programs did not meet the age criteria. Most of the children were past the age of 2, particularly those enrolled in daycare programs. The second most common reason provided for a lack of referrals was that the children in the programs did not receive formal services or have an IFSP, despite some parent and/or staff concerns about poor socialization or other issues. (See County recruitment itemizations for more detailed information on the recruitment effort).

## Family and Program Participation

Data collection has been underway for the three families already participating. Two of the families were randomly assigned to the curriculum group and one family was randomly assigned to the control group. The families that were in the intervention group met with the full-time research assistant on a weekly basis to complete the data collection forms and to establish goals for the intervention. The research assistant also spent time helping the parents to understand how their everyday activities and routines that could be used to enhance social competence outcomes for their children.

In addition to her work with the families in the intervention group, the research assistant also worked with the teachers and staff of the social group that the children attended. She went to weekly meetings with the teachers to collect data, explain more about the curriculum, and to collaborate with the teachers and staff regarding ways to enhance the participating child's social competence within the group setting. The research assistant also met with early intervention staff who were involved with the participating children to discuss ways that they could support and facilitate the children's involvement in the project.

The family and program teacher who were in the control group also met with the research assistant on a weekly basis while data collection for the project was completed. The research assistant met with the project director on a weekly basis to discuss progress with the families and teachers and to have any questions regarding the project procedures or data collection answered.

*- Denotes contacts where children were confirmed to participate.

## Recruitment Efforts in Burke County

**Puckett Staff Meeting Presentation** 2/10/00. Contact Person: Tracy Humphries. Presentation was given to the staff of the Orelena Hawks Puckett Institute to describe the upcoming Social Competence Curriculum project. The meeting included staff members from the Child Care Quality Enhancement Projects in both Burke and Buncombe counties who work with infant and toddler child care programs, including inclusion programs. Also attending the meeting was the staff member who also works with the Family, Infant, and Preschool Program of the Western Carolina Center and who is responsible for developing playgroups for children with disabilities in the Family Resource Centers of 4 counties. Following the presentation, Donna Bollinger of FIPP arranged a meeting in March with the project director to discuss the project and how she could be of assistance. Staff members working in the child care programs requested further information.

Phone contact: 3/20/00. Project director attempted to set up a meeting with Donna Bollinger of FIPP to determine if she has any eligible children attending the FIPP playgroups. She may be able to meet next week. Will call again Wednesday when in Morganton to set up an exact date.

Phone contact: 3/22/00. Project Director arranged a meeting with Donna Bollinger of FIPP for 4/5/00.

Personal Meeting: 4/5/00. Project Director met with **Donna Bollinger at FIPP**. Donna was given a more detailed description of the project and the criteria for participation. Donna agreed to present the information and distribute project brochures when she meets with the Family Resource Center Coordinators from 4 counties later this week. She will find out if they have any children that meet criteria, and will refer them if so. She also offered to develop any new playgroups, if needed, for children meeting all of the other project criteria but who are not yet involved in social group activities.

**Brochure Distribution**. 4/7/00. Brochures describing the Social Competence project were distributed to all of the staff members working with children and families at FIPP.

Phone contact: 4/10/00. **Burk County Child Care Infant to Preschool Services**. Contact: Blue Ridge Community Action. Described program and mailed information to be distributed. Also included flyers to be posted.

**Phone contact: 4/10/00. Child Care Connections**. Received list of names and phone numbers for family day care homes and programs that may accept infants and toddlers with disabilities.

**Phone contact. 4/10/00. Burke County Health Department.** Can distribute information about the project through the department. There is not a place there anymore that WIC vouchers are distributed each month, otherwise we could recruit there. R.A. will take brochures and parent letters there for distribution on 4/16/00.

Phone Contact: 4/10/00. **Options Program.** Program not able to participate in referrals due to the sensitive nature of families that it serves (victims of domestic violence and other violent crimes).

**Brochure and Flyer Distribution.** 4/11/00. Brochures and parent letters were placed in 5 area libraries. Flyers were also posted in the local grocery stores and in several laundromats in the Morganton area.

Phone contact: 4/11/00. **Family Connections, Burke County Schools.** Program interested in the project and will distribute brochures about the project.

Personal Contact: 4/11/00. Information provided to **Family Connections**. Brochures delivered for distribution.

* Phone contact: 4/14/00. Called parent referred from FIPP. **The Webb's** would like to participate in the project. Page turns 2 on 12/8/98. We will keep in touch with Nicole Webb until then.

Phone contact: 4/14/00. Called parent referred to the project by FIPP. The **Rohr** family will be interested if Jason is more stable medically by the time he turns 2. He will be 2 on 4/6/01.

Phone contact: 4/14/00. Called parent whose name was given by FIPP. **Ms. Jenkin**'s child does not meet all of the criteria.

Phone contact: 4/14/00. Called parent who was referred by FIPP. **The Hall's** do not meet all of the criteria.

Phone contact: 4/14/00. Called parent whose name was given by FIPP. **Joshua Metz** does not meet all of the criteria.

Phone contact: 4/14/00. Called parent whose name was given by FIPP. The **Parker**'s son does not meet all of the criteria.

Phone contact: 4/14/00. Called parent referred by FIPP. **Justin Clark** does not meet all of the criteria.

**Brochure Distribution.** 4/16/00. Distributed brochures, flyers, and parent letters to the Health Department, the Burke County Department of Social Services, the Grace Healthcare Hospital, and Valdese General Hospital.

**Family, Infant, Preschool Presentation.** 4/17/00. Research assistant met with FIPP staff to discuss the project and the criteria for participating. One family was suggested as a potential contact. Staff member working with the family will talk to the mother about the project.

Personal meeting. 4/17/00. Connie Bishop, **FIPP therapist,** would like to refer a family of quadruplets to the study. The therapist believes that the mother will participate if all 4 children can be involved. Project Director told the therapist that only one child can participate because children have to be randomly assigned to control and intervention groups, and it is not likely that they will all be assigned to the same group. It was agreed that P.D. would check with Anne Marie Davidson to be sure that they cannot all be in the study.

* Phone contact. 4/18/00. Called parent on list of families interested in participating in Puckett Institute Projects. **Debra Lail** is already participating in the Learning Opportunities Study and would like to be involved in the Social Competence Study. Her daughter, Darian, turns 2 on 1/1/00. RA will keep in touch with Mrs. Lail until December when they will meet to begin the paperwork for the study.

Phone contact: 4/18/00. Project director contacted Anne Marie Davidson to find out if the quadruplets can all participate in the project. Anne Marie will check with Mary Beth, but she thinks that only one may be in the study.

Phone contact: 4/19/00. **Presbyterian Learning Center**. Has inclusive program but does not currently serve toddlers. Referred to Kay Scott of the Burke County Developmental Day Care program, who is affiliated with FIPP. Further affiliated with the Director of the program, Lauren Ramsey. Lauren may have children to refer in August.

Phone contact: 4/19/00. **Jack and Jill Day Care Center**. Described project and criteria. No toddlers who currently meet the criteria for the study at this time.

Attempted Phone contact: 4/19/00. **The Little Mermaid Daycare Home**. Contact: Karin Beck. Left message that she was on the list of inclusive day care programs that she might have families who would be interested in participating in the Social Competence Project.

Phone contact: 4/19/00. **Mary Branch's Day Care Home**. Discussed the project and reviewed the eligibility criteria. Mary does not currently have any toddlers who meet the criteria for the study.

Attempted Phone contact: 4/19/00. **Lucy Juanita Church Day Care Home**. Left message for Lucy Church explaining the project and asking her to contact R.A. if she had any toddlers meeting the age criteria.

Phone contact: 4/19/00. **Miss Hazel's Child Care**. Described the project to Hazel Dean and explained that she was recommended by Child Care Connections as someone who might have children eligible to participate. She said that she does not have any children in her inclusive program who meet the age criteria.

Attempted phone contact: 4/19/00. **Little Taz's Play School**. Contact: Judith Fulgate. Left message explaining that she was on the list of inclusive toddler programs recommended by Child Care Connections and that we would like to tell her about the project.

Phone Contact: 4/19/00. Contacted Mary Sain of **Nanny's Day Care Home**. She has a child in her care that is paralyzed on the left side and receives services. The child will be 2 on 3/13/01. Information was sent to her to give to the child's mother.

Phone Contact: 4/19/00. Christine Sawyer was contacted at the **Kid Kare Home Day Care** program. Described the project to her and explained that she was recommended by Child Care Connections. She does not have any children currently attending who meet all of the criteria for the project.

Phone Contact: 4/19/00. **Little Bear Day Care**. Contact person: Tami Sebastino. Described the project to Tami and explained that she was recommended by Child Care Connections because she might have eligible children. She does not have any children meeting all of the study's criteria, but will contact us when she does.

Phone Contact: 4/20/00. Contacted Sharon Winters of the **Barnhill Orchard Day Care**. Described the project and explained that she was recommended by Child Care Connections. She does not have children who meet all of the criteria for the project.

Phone contact: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. Michele is two on May 16, but Mrs. **Denton** is not interested in participating.

Phone contact: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. **Sierra** is two on May 27, but is in a foster care home and therefore not eligible to participate.

Phone contact: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. **Mrs. Mcelrath**'s child is too young to participate at this time.

Phone contact: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. **Alex** turns two on May 11, but his parents are not interested in participating in the project.

Phone contact: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Gibson** family is interested and would like to have some information sent about the project. Eden is 2 on 6/5/00. Information mailed to them.

Phone contact attempt: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. Unable to reach the **Moua**'s and the **Velasqez**' by phone. Information will be mailed.

Phone contact: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Gunter** family is interested in the project. Andrew is 2 on 7/1/00. Information mailed to June Gunter.

* Phone contact: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Lawrences** are very interested and would like to participate. Marcus turns 2 on 8/28/00. Tracy Lawrence was mailed information. She will meet to discuss the project in more detail.

Phone contact: 4/28/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Nelson**'s son does not meet all of the criteria.

Phone contact: 4/28/00. Called parent on of families interested in participating in Puckett Institute Projects. The **Conley** family is interested in the project. Mailed information to mother.

* Phone Contact. 5/2/00. Confirmed participation of **Andrew** Gunter. He currently participates in a play group once a week. Will find another activity that he can participate in to meet the twice a week criteria. Will call the mother in June to set up the first home visit, as Andrew will turn 2 in the beginning of July.

Newspaper ad placed. 5/3/00. Newspaper ad placed on the 6th page of the retail section of the Morganton newspaper on Sunday. The ad will be in the paper on 5/7/00.

Phone Contact: 5/3/00. **Kim Fulp** was contacted at Kim's Day Care Home. Described the project and eligibility criteria. She does not have any children who meet all of the criteria for the project.

Phone Contact: 5/3/00. Contacted **Britta Gramer** at her home day care program. Described the project and eligibility criteria. She does not have any children meeting all of the criteria for the project at this time.

Phone Contact: 5/3/00. Martha Helms was contacted at **Martha Helm's Home Day Care**. Described the project to her. She does not have any children that meet all of the criteria for the project.

Phone Contact: 5/3/00. Contacted the **Little Red Hen Day Care Home**. Contact person: Sherrie Hughes. Described the project and eligibility criteria. She does not have any children who meet all of the criteria for the project.

Phone Contact: 5/3/00. Maxine Silvers was contacted at **Maxine's Day Care Home**. Described the project to her and discussed the eligibility criteria. She does not have any children meeting all of the criteria for the project.

Phone Contact: 5/3/00. Earlene Ivy was contacted at **Bambi Day** Care. Referred to Jackie the director. Discussed the project with the director and explained the eligibility criteria. There are no children attending the program currently who meet all of the criteria for the project.

Phone Contact: 5/3/00. Myrtle Burgess of **Myrtle Burgess Day C**are program was contacted. Described the project to her and reviewed the eligibility criteria. She does not have any children that meet all of the criteria for the project.

Phone Contact: 5/3/00. Contacted the **Calvary Baptist Church** program. Described the project and eligibility criteria. They do not currently have any children meeting all of the criteria for the project.

Phone Contact: 5/3/00. Called **Creative Beginnings** day care program. Described the project and eligibility criteria. They do not currently have any children who meet all of the criteria for the project

Phone Contact: 5/3/00. Contacted Evelyn Hem of **Evelyn and Ed's Day Care Home**. Described the project and reviewed the eligibility criteria. The Hem's do not currently have any children who meet all of the criteria for the project

Phone Contact: 5/3/00. Contacted the **Hopewell Baptist Church** program. Described the project and eligibility criteria. There are not any children currently attending who meet all of the criteria for the project

Phone contact: 5/4/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Dulas**'s child does not meet the criteria.

Phone contact: 5/4/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Bell** family is not interested in participating in the project.

* Phone contact: 5/4/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Yates** family agreed to participate in the project. Katie will be 2 on 9/3/00. RA will contact her in August to schedule the first home visit.

Phone contact: 5/4/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Craig**'s daughter Emily does not meet the criteria.

Mailing. 5/4/00. Information was mailed to the Roberts, Durst, Hylton, Smith and Icenhour families from the list, as phone contact could not be made.

Phone contact: 5/4/00. Called parent on list of families interested in participating in

Puckett Institute Projects. The **Moore**'s are interested in the project, but would like more information. Minnice will be 2 on 10/4/98. Information mailed to Laquanda Moore.

Phone contact. 5/4/00. Follow-up contact with the **Gibbs** family. Their child does not meet all of the criteria.

Phone contact 5/4/00. Follow-up attempt with the **Gibson** family. No answer, left a message.

Phone contact 5/4/00. Follow up contact. The **Conley** children do not meet all of the criteria for participation in the project.

* Phone contact. 5/5/00. **Laquanda Moore** confirmed participation in the project when Minnice turns 2 on October.

Phone contact: 5/9/00. A parent called regarding the newspaper ad. His child did not meet the criteria for participation in the project.

Attempted phone Contact: 5/9/00. Left message for Teresa Davis who is the Director of the **Blue Ridge Community Action Child Development Center, Toddler Program**. Briefly explained the project in the message.

Phone Contact:. 5/10/00. Called Esther Wisnant of **Esther Whisnant's Day Care Home**. Discussed the project but she does not have any eligible children at this time.

Phone Contact: 5/10/00. **Little Hands Home Day Care**. Contact Person: Danielle Townsend. There are no children attending who are eligible for the project at this time.

Phone Contact: 5/10/00. **Creative Kids Home Child** Care. Contact Person: MaryEllen Talent. There are not any children currently attending Creative Kids who fit the eligibility criteria for the project.

Phone Contact: 5/10/00. **Maxine's Day Care Home**. Maxine Silvers is the contact person. There are no children attending the program at this time who meet the project criteria.

Phone Contact: 5/10/00. Called **Fike's Friendly Home Day Care**. Contact person: Shelley Fike. There are not any eligible children who are attending the program.

Phone Contact: 5/10/00. **South Mountain Kiddie Kare**. The program does not have any eligible children at this time.

Phone Contact: 5/10/00. **Kidz Korner Child Care Center**. Contact Person: Kimberly Hamilton. There are not any eligible children who are currently attending Kidz Korner.

Phone Contact: 5/10/00. **Little Lamb Preschool**. Contact Person: Sue Dockery. The program does not have any toddlers who meet the criteria at this time.

Personal meeting. 5/12/00. RA met with a parent during her appointment with FIPP staff member. The mother was interested in participating when her child turns 2 in a couple of weeks. Will discuss the project with her husband.

**Family, Infant, Preschool Program Follow-up Presentation**. 5/19/00. Project Director met with FIPP staff to discuss the project. Staff gave 2 referrals: one family had been contacted on 4/28 by telephone and had already agreed to participate, and the other family had met with the RA on 5/12 and was considering participation.

**Puckett Institute Presentation.** 6/8/00. Project Director presented the project to the staff at the Puckett Institute. The project was explained in detail and the criteria for participation was reviewed. Staff were informed that the recruitment effort would be expanded to the Western North Carolina counties of Buncombe, Madison, Transylvania, and Haywood. Following the presentation, staff members from the child care enhancement program referred 3 children, but upon further discussion, only one child from Buncombe county met the criteria.

Phone Contact. 6/9/00. **North Carolina Developmental Evaluation Center**. The center serves Alexander, Burke, Caldwell, Catawba, and McDowell Counties. Explained the project and the criteria for eligibility in the project. Arranged to bring brochures, parent letters, and other relevant information to be distributed by the Center.

**Newspaper advertisement**. 6/10/00. Newspaper ad placed on the 2nd page of Sunday's retail section in the Morganton News-Herald.

**Information Distribution**. 6/12/00. Posted more flyers in the Morganton area. Targeted stores with bulletin boards and libraries again. Got the schedules for the library story times, and for community-based summer activities for toddlers, to give to interested parents whose children who are not currently enrolled in day care or playgroups twice a week (e.g., Tracy Lawrence and June Gunter).

Phone contact: 6/15/00. June Gunter. Set up first home visit for 6/26/00. Discussed possible activities for Andrew.

Family, Infant, Preschool Presentation: 6/21/00. Project director presented the project to the **Assistant Director of FIPP (Alma Watson), and the Early Intervention Specialist (Terry Barrett)**, who covers 27 counties in North Carolina. Alma was very interested and enthusiastic about the project and agreed to encourage the FIPP staff who work with families and who provide assessments to make referrals of children in the targeted age group that are receiving services. Terry thought that she may have a referral for the project. She could only think of the one child who met all of the project's criteria. RA met with Terry after the presentation and gave her brochures and parent letters to distribute to parents of eligible children in Burke, Buncombe, and the contiguous counties.

* Phone Contact: 7/18/00. **Puckett staff member, Michelle Davis**, referred 2 children whose mothers would like to participate in the study. One child turns 2 on 1/1/00 and the other child turns 2 in December, although she does not have the exact date. Michelle will let the mothers know that the RA will stay in touch with them over the next few months and will set up the first home visit close to the children's second birthday.

**Family, Infant, Preschool Presentation**: 7/24/00. Carl Dunst gave a presentation to the FIPP staff who work with families describing the project and the eligibility criteria. The staff included several new members who had not previously heard about the project. There were also staff involved who had missed earlier presentations. The staff were from Burke, McDowell, Catawba, and Alexander Counties.

Phone contact: 8/9/00. Called **Jo Agnew**, the **senior coordinator** for the family resource center of Alexander county to arrange to speak to her staff who work with toddlers in early intervention. The presentation was scheduled for 8/17/00 at 9:15 a.m.

Phone contact: 8/9/00. Contacted **Deb Batman**, the **senior coordinator** of the family resource program for Burke county and set up a presentation with her staff on 8/17/00 at 1:00 p.m.

Phone contact: 8/15/00. Deb Batman called to report that the building will be closed tomorrow as the power will be off. She will reschedule the presentation for her next staff meeting.

Phone contact: 8/15/00. Contacted Jo Agnew to confirm the presentation. The presentation was rescheduled to 9/31/00.

Phone Contact: 8/15/00. **North Carolina School for the Deaf**. Called to find out if preschool services are offered. There are not children in the school that are as young as the age range for the project. One of the staff of the school has a special needs infant, but the child is too young to participate.

Phone contact: 8/24/00. **Tracy Lawrence** reported to the RA that during Marcus' 2-year well-baby physical the pediatrician informed her that Marcus' should not be around groups of children. His lungs are too fragile and he is at risk for infection and serious illness. Tracy explained that she had arranged for Marcus to begin a child care program and she was looking forward to participating in the Social Competence Project. Her pediatrician recommended that Marcus not attend more that one small playgroup a week in order to reduce the risk of infection. Tracy wanted to find out if she could still participate in the project if he went to playgroup once a week.

Phone contact: 8/24/00. Project Director discussed Marcus Lawrence' situation with Anne Marie Davidson. Anne Marie confirmed that Marcus would no longer be eligible for the study unless he could meet the twice a week criteria for social activities.

Phone contact: 8/24/00. Project Director relayed Anne Marie's discussion to the RA, who then contacted Tracy Lawrence to let her know that the family was no longer eligible to participate.

## Recruitment Efforts in Buncombe County

Phone Contact and Information Distribution: 5/30/00. Contacted Ms. Ettinger, the Assistant Director of the **Developmental Evaluation Center of Asheville**. Discussed project and eligibility criteria. The Center provides free developmental evaluations and other diagnostic services for children under 3 years of age in Buncombe County. There are 18 clinicians working in the program. A presentation will be scheduled at the DEC.

Phone Contact: 5/3/00. **Asheville Pediatric Association**. Briefly described the program. A presentation was arranged to be given to the association on 6/6/00.

Phone contact: 6/2/00. **YWCA Infant and Toddler Program**. Contact: Cindy McMann. The program accepts toddlers with special needs, and may have children that meet the criteria. Will be given more information.

Phone Contact: 6/2/00. **Child Find-Buncombe County Public Schools**. Called to find out if Child Find evaluates and/or serves toddlers, as they advertise special education services for children from birth-21. It was explained that Child Find has school psychologists who provide services for children who are attending school, including the evaluations, although some services are contracted to other agencies. Toddlers would be evaluated and served by the Buncombe County School Special Education Services program for Preschoolers. Referred to Linda, Edna, or Mary in this department. Also referred to the Exceptional Children Services Department.

Phone Contact: 6/2/00. **Buncombe County Public Schools, Preschool Programs for Special Needs Children**. Called for Linda, Mary, or Edna but they all were out at the moment. Will continue to try to reach them.

Phone Contact: 6/2/00. **Buncombe County Public Schools, Exceptional Children Services Department.** Described the project and that we are attempting to locate parents of special needs toddlers enrolled in preschool. The children served by this department are older than those needed for the project. Referred to the Preschool Programs fort Special Needs Children.

Phone Contact: 6/2/00. **Irene Wortham Center Developmental Day Program**, contact person is Pamela Szejda. The program does not currently have children who meet the criteria because they have been transitioned out. There will be new children beginning in

August and some may meet the criteria. Will call back in August. Information about the project was mailed.

Phone contact: 6/2/00. **Children and Friends Day Care Program**. Contacted Kim Opager and described the project. Kim is very interested in the study and would like more information. Presentation scheduled for 6/7/00.

Phone Contact: 6/2/00. **N.A.N.A. program**. Provides in-home care for children in the Buncombe County area. Does not have any information regarding the demographics of the families served, but will distribute project information to families.

Phone contact: 6/2/00. **Lots of Love Child Care Center**. Contact: Dale Smith. The program accepts toddlers with special needs, and would like more information. Although there is not a child that meets all of the criteria now, she requested more information in case she enrolls a child that does fit the criteria. Information was sent to Dale.

Phone contact: 6/2/00. **Community Child Care Developmental Day Program**. Contacted Laurie Willie who was interested in the project. The program accepts young children with special needs as it is a developmental day program. There may be children enrolling in August when the new year starts who will meet the criteria. Information was sent to Laurie and arrangements were made to call again in August.

Phone contact: 6/2/00. **First Baptist Child Development Center**. Contact person: Mary Alice Wilson. The program accepts toddlers with special needs in the age range for the project, but does not currently have any children meeting the criteria at this time.

Phone contact: 6/2/00. **ARC of Buncombe County**. Contact person is Gail Littlejohn. Gail was very interested in the project. She has a child that attends the Irene Wortham Developmental Day Care Program, although her child does not meet the age criteria. Gail will distribute brochures and parent letters to parents on the ARC mailing list that may have children in the age range. Information was sent.

Attempted Phone Contact: 6/5/00. **Thomas Rehab, Olson Huff Center for Child Development**. Left a message with Adrian Sandler to discuss the project.

Follow-up Phone Contact: 6/5/00. Terry Barrett, **Multiple County Early Intervention Coordinator**. She is going to describe the project to the staff in her program and will distribute the information that she was given during the meeting in Burke County. She does not currently have any children on her caseload in Buncombe County who meet the age and/or playgroup criteria.

Phone Contact. 6/5/00. **Key Learning Center at Carolina Day School**. Called and discussed the project goals and the eligibility criteria. The school is a private special education school, but does not serve children as young as the ones needed for the social competence project.

Phone Contact: 6/5/00. **Blue Ridge Mental Health, Child and Family Services**. Contact person, Janet Henry, Early Intervention Coordinator. Ms. Henry is very interested in the project. A personal presentation will be made regarding the project. It was suggested that Cathy Henson, who does EI assessments, and Regina Edwards who is in EI intervention also be contacted about the project and arranging to give a presentation.

Phone Contact: 6/5/00. Contacted the **Cystic Fibrosis Support Group** at the Women's Resource Center. Information about the project can be distributed through the Center. Information was sent for distribution.

Phone contact: 6//5/00. **Orton Academy & Learning Center of Asheville**. Called and described the project and the eligibility. Many of the children at Orton have disabilities and require special education services, however, there are not any that meet the age criteria for the project that are attending at this time.

Phone Contact: 6/5/00. **March of Dimes Birth Defects Foundation**. The Foundation is run by a parent in Asheville who is interested in the project. She requested that information be sent about the study and she will distribute the information to members. Information was sent.

Presentation: 6/6/00. **Asheville Pediatric Association**. The project was described and eligibility criteria was outlined. The 10 pediatricians that comprise the association were given information to distribute to parents of patients who may be eligible to participate.

Phone Contact: 6/6/00. Contacted the **Mountain Area Pediatric Association** to discuss the project and make arrangements to give a presentation.

Presentation: 6/7/00. **Developmental Evaluation Center**. The project was described and the eligibility for participating was reviewed. The staff did not have children meeting all of the criteria that they could refer at this time, although interest in the project was expressed. Information was left to be distributed should there be children meeting the criteria that go through the DEC at a later time.

Phone Contact. 6/7/00. **Buncombe County Health Center, Early Intervention**. Contact person: Dean Griffin. Discussed the project and the eligibility criteria. There may be a child meeting the criteria that is receiving EI services that are coordinated by the Department. A presentation will be made to discuss the project further on 6/29/00.

Presentation: 6/7/00. **Children and Friends Day Care**. Discussed the program and explained the eligibility criteria. There are several children in the program that have special needs, however one child is already 26 months of age. There are two children who will soon be 2 years old, one in July and the other in November. The staff will give the parents the project information.

Presentation. 6/15/00. **Thomas Rehab, Olsen Huff Child Development Center**. Described the program and the criteria for toddlers to participate. Left brochures and parent letters to be distributed to families that receive services at the center. No referrals were made at this time.

Phone Contact. 6/15/00. **Mission St. Joseph's Hospital, Pediatric Rehabilitation.** Contact Person: Becky LaDu. Described the program and the criteria for children to participate. The project information will be distributed through their parent information program.

**Newspaper Advertisement**: 6/21/00. Placed an ad in the **Asheville Citizen-Times** for next Thursday's (6/29/00) Living Section.

Presentation: 6/22/00. **Mountain Area Pediatric Association**. The project was discussed and the eligibility criteria was outlined. The pediatricians were given information to distribute to parents who may be interested in participating.

Presentation. 6/22/00. **YWCA Infant and Toddler Program**. Contact Person: Cindy McMann. Discussed the project and reviewed the eligibility criteria. There is a child in the toddler program who will turn 2 soon. The staff have concerns about her development and they are aware that her mother has had some type of evaluation completed, although they do not have the details. They are working with the child to get her to eat solid food. Cindy has agreed to discuss the project with the child's mother and will give her the brochure and a parent letter.

Phone Contact: 6/22/00. **Asheville Children's Medical Center**. Called and discussed the project and the criteria for participation. A presentation will be made to the center on 6/27/00.

Phone Contact. 6/23/00. **Developmental Orthopedic Clinic**. Called and discussed the project and the eligibility criteria. Information about the project can be given to the center and they will distribute the information to parents, but there will not be a personal presentation made due to center staff's time constraints. Information was delivered to the center.

Phone Contact: 6/23/00. **Asheville City Schools Preschool, Family Support Programs**. Contact Person: Debra Preneta. Discussed the project and explained the criteria for participation. Parent letters and brochures will be given to parents involved in the support and literacy programs.

Phone Contact: 6/23/00. **Blue Ridge Center, Family Support and Early Intervention**. Phone Contact: Cathy Henson. Called and described the project and explained that Janet Henry suggested that we meet for a presentation about the project. Will meet on 6/29/00.

Phone Contact: 6/23/00. **Buncombe County Health Center, Healthy Families Child Care Health Consultants.** Contact person: Alice Elio. Called and described the project and the criteria that children participating must meet. Alice did not have any referrals at this time, but agreed to distribute brochures and parent letters through the program. The information was sent for distribution.

Phone Contact/Personal Presentation: 6/23/00. **Buncombe County Health Center, Healthy Families, Early Childhood Dental Care**. Contact person: Gaylen Enrlichman. Explained that we were recruiting children for the project and the criteria for participation. Discussed the project and answered questions. The center has many families that are served each day. Although there is not a child that meets all of the criteria that Gaylen can think of now, a referral will be made if one is thought of later. Information will be delivered to the program this afternoon, and the project will be discussed further at that time. The information will be placed in the parent information area of the waiting room for interested parents to take. Information was delivered.

Phone Contact: 6/23/00. **Eliada Homes, Family Advocate Intervention.** Contact person: Cathy Price. Described the project and discussed the eligibility for participating. There are no children who meet the criteria involved in the program at this time, was information will be sent that can be distributed to new parents who become involved in the program. Also discussed whether or not there are any children who meet the criteria in the Eliada Homes day care program. At this time, there are not any children enrolled that meet all of the criteria.

Phone Contact: 6/26/00. **Buncombe County Child Care Services, Scholarship Assistance for Emergencies**. Contact Person, Pat Kasper. Discussed the program and the participation criteria. There were no referrals made from the contact, however, it was agreed that information will be distributed to parents through the program. Information was delivered.

Phone Contact/Personal Presentation: 6/26/00. **Buncombe County Child Care Services, Supplement for Special Needs Children.** Contact Person: Bettie O'Brian. Described the Social Competence Project and what the criteria is for participating. Brochures and parent letters will be delivered to the program today and the project will be discussed in more detail. Parents involved in the program who may have children meeting the criteria will be given the information. Information was delivered.

Phone Contact: 6/26/00. **Mom's Day Out**. Contact Person: Beverly Baptist. Explained the project and the criteria for participating. The program sometimes has mothers of special needs children involved and will distribute the information about the project to mothers enrolled in the program at this time. Information was sent.

Phone Contact: 6/26/00. **Buncombe County Parks and Recreation**. Called to find out if they have any programs for children with special needs (ones similar to Madison County's equestrian program). There are no such programs provided through the County.

Phone Contact: 6/26/00. **Mission Hospital Neonatal Intensive Care Unit, Follow-up Program**. Contact Person: Jean Carter. Discussed the project and the eligibility criteria.

The follow-up program serves infants and toddlers who were at risk, typically due to prematurity. Services are provided to children who show delays or disabilities. Information will be given to Jean to distribute to parents of children that meet the criteria. Jean seemed very interested in the project. Information was delivered to Jean.

Phone Contact: 6/26/00. **TEACCH Western North Carolina Center for Autistic Children**. Called and discussed the project and the criteria for participation. Although there were not any referrals at this time, the brochures and parent letters will be distributed with other parent information through the center.

Phone Contact: 6/26/00. **Buncombe County Health Department, Social Services**. Contact Person: Teresa Miller. Described the program and gave her the information regarding the eligibility criteria.

Phone Contact: 6/26/00. **Buncombe County Child Care Resource and Referral**. Contact person: Roxanne Caldwell. Received a list of day care programs in the county that enroll toddlers with special needs.

Phone Contact: 6/29/00. **YWCA Infant and Toddler Program.** The mother of the child that the staff has had referred has given permission to contact her about participating in the project.

* Phone Contact: 6/29/00. Contacted **Mrs. Bowman** about her daughter, as she had requested through the YWCA director. Explained the project in more detail and she agreed to participate. She will meet for her first home visit on 7/11/00.

**Flyer distribution**: 6/29/00. Placed flyers and brochures in public locations throughout Asheville, such as the Laundromats in West Asheville, the Patton Avenue Library, and at several of the Ingall's grocery store bulletin boards through the Asheville area.

Newspaper Advertisement: 6/29/00. Ad for the project appeared in the Asheville-Citizen Times living section.

Phone Contact. 7/5/00. **AbTech Child Care Center**. Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone Contact. 7/5/00. **Asheville Montesorri Commmunity Preschool** . Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although the children do not meet all of the criteria for participation in the project at this time.

Phone Contact. 7/5/00. **Bell's School for People Under Six** . Called to discuss the project and the eligibility for participation. The children currently enrolled do not meet all of the criteria for the project.

Phone Contact. 7/5/00. **Hill Street Day Care Center** . Explained the project and the eligibility for participation. The program accepts children with special needs, althoug<sup></sup>

the children enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/5/00. **Sickle Cell Anemia**. Discussed the project and the eligibility criteria. Information about the project will be distributed to families through the sickle cell service program.

Phone Contact. 7/5/00. **Calvary Baptist Child Enrichment Center**. Described the project and the eligibility criteria. The children currently enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/5/00. **Beginnings-For Parents of Hearing Impaired Children.** Described the project and the eligibility criteria. Although direct referrals can not be made, the information about the project will be sent to Beginnings and they will distribute it to parents in the Western North Carolina area that are on their mailing list.

Phone Contact: 7/5/00. **Little Bear Child Care**. Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although the children enrolled at this time do not meet the age criteria for the project.

Phone Contact: 7/5/00. **Fingerprints Child Care**. Discussed the project and the eligibility criteria. The children currently enrolled do not meet all of the criteria for the project.

Phone Contact. 7/5/00. **Chapman's Child Care**. Called to discuss the project and the eligibility for participation. The children enrolled at this time do not meet all of the criteria for the project.

Phone Contact: 7/5/00. **Mahec-Mountain Area Perinatal Substance Abuse Program.** Described the goals of the project and the recruitment process and criteria. The program serves children from birth through 5 years whose mothers abused substances while pregnant. There were no referrals made, however, information about the project will be distributed through the center. If parents seem interested, then a presentation will be invited.

Phone Contact: 7/5/00. **Little University Play School**. Described the project and the eligibility for children's participation in the project. The program accepts children with special needs, although the children currently at this time do not meet all of the criteria for the project.

Phone Contact: 7/5/00. **Pre-school Program for the Hearing Impaired.** Explained the project and the ligibility criteria for children to participate. The children enrolled in this preschool program do not meet the age criteria for inclusion. Referred to the Satellite Program.

Phone Contact. 7/5/00. **Preschool Satellite Program for the Hearing Impaired**. Discussed the criteria for inclusion in the project and the goals of the project. There are not any children that meet the criteria at this time.

Phone Contact. 7/5/00. **Montessori Learning Center of Asheville**. Called to discuss the project and the eligibility for participation. The children enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/6/00. **The Lonnie D Burton Child Development**. Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although the children enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/6/00. **Barnardsville School Head Start** . Explained the project and the eligibility for participation. There are not currently any toddlers meeting all of the criteria enrolled at this time.

Phone Contact. 7/6/00. **East Buncombe Preschool**. Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although the children currently enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/6/00. **Emmanual Lutheran Child Care**. Called the toddler program to discuss the project and the eligibility for participation. There are not any children who meet all of the criteria enrolled at this time.

Phone Contact. 7/6/00. **First Baptist Child Development Program**. Discussed the project and the eligibility criteria. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone Contact. 7/6/00. **Nurseryland Day Care**. Called to discuss the project and the eligibility for participation. The children currently enrolled do not meet all of the criteria for the project, as they are all over 2 years.

Phone Contact. 7/6/00. **Swannanoa Day Care Infant and Toddler Center**. Described the project and the eligibility criteria. The program accepts children with special needs, although the children enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/6/00. **Three Bear Day Care**. Called to discuss the project and the eligibility for participation. The children currently enrolled do not meet the age criteria for the project.

Phone Contact. 7/6/00. **Wee Care Child Development Center**. Described the project and outlined the eligibility for participation. Although the program accepts children with special needs, the toddlers enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/6/00. **Valley Child Development**. Called to discuss the project and the eligibility for participation. The toddlers who are currently attending the program do not meet all of the criteria for the project.

Phone Contact. 7/6/00. **Byrd's of a Feather Day Care**. Explained the project and the eligibility criteria for participation. There are currently no toddlers meeting all of the criteria for the project.

Phone Contact. 7/6/00. **Deanna's Weatherly's Day Care Home**. Discussed the project and outlined the eligibility criteria. The program accepts children with special needs, although the children enrolled at this time do not meet all of the criteria for the project.

Phone Contact: 7/7/00. **Down's Syndrome Support Group**. Called to find out about the group and the ages that are served. There are parents of many different aged children who have Down's Syndrome that participate in the group. They meet on a regular basis in the Asheville area. No referrals resulted from this contact, as she could not think of any children who meet both the age and the playgroup criteria. However, project information will be sent to her and she will distribute it to all of the parents on the support group list. If there is further interest, or if there are any parents whose children meet the criteria, then a presentation to the group will be made.

Phone Contact. 7/7/00. **Redfern Children's Garden**. Called to explain the project and the described the eligibility for participation. There are no children currently enrolled meet all of the criteria for the project.

Phone Contact. 7/7/00. **Wee Play "N" Learn Child Care**. Discussed the project and the eligibility criteria for participation in the project. The children enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/7/00. **Kim's Day Care**. Explained the project and the eligibility criteria. The toddlers in the program do not meet all of the criteria for the project.

Phone Contact. 7/7/00. **Pat Cole's Day Care Home**. Called to discuss the project and reviewed the eligibility for participation. The program accepts children with special needs, although the toddlers currently enrolled do not meet all of the criteria for the project.

Phone Contact. 7/7/00. **C & S Day Care and Learning Center**. Discussed the project and reviewed the criteria for participation. The program will be closing and so the staff is not interested in participating in any studies.

Phone Contact. 7/7/00. **Asheville City Schools, Early Head Start**. Evaluated the project and the eligibility criteria. There are no toddlers currently enrolled who meet all of the criteria for the project.

Phone Contact: 6/12/00. **Mars Hill B-K program**. Explained the project and the criteria for toddlers to participate. The program does not currently have children enrolled who meet the criteria.

Phone Contact: 6/12/00. **DD's Playhouse**. Described the eligibility criteria and the project goals. No referrals resulted from this contact. The toddlers do not meet all criteria.

Phone Contact: 6/12/00. **Mars Hill Head Start**. Discussed the project and the eligibility criteria. The children who will be enrolled in August will be older than 2 years.

Phone Contact: 6/12/00. **Jackie's Child Care Home**. Explained the purpose of the project and the eligibility criteria. There are no toddlers in Jackie's program that would meet all of the criteria.

Phone Contact. 6/12/00. **Weaverville Family Medicine Associates**. Contacted the facility to determine whether they serve toddlers. There is a pediatric population served by the associates. Information was delivered to the program for distribution to parents.

Phone Contact: 6/12/00. **Ruth Griffin's Family Child Care Home**. Although Ruth's program will accept toddlers with disabilities, there are no children enrolled at this time that meet the criteria.

Phone Contact: 6/12/00. **Marshall B-K Program**. The project was explained and eligibility criteria was outlined. No referrals resulted from the contact.

Presentation: 6/13/00. **Madison High School Day Care Program**. Discussed the project and the eligibility criteria and answered questions. Children who are scheduled to enroll in August will be 24 months and over. It was explained that those children will only be able to participate if they have turned 2 within a month of enrollment. Left parent letters and brochures to be distributed to parents of children who may meet the criteria.

Phone Contact: 6/13/00. **Mars Hill United Methodist Preschool**. Explained the project and the criteria for participation. There are not any children who meet the age criteria enrolled at this time.

Phone contact: 7/7/00. Contacted **Shirley Massey** at her Child Care Home. The project was described and the eligibility was explained. The program does not currently have any children who meet the criteria enrolled at this time.

Phone Contact: 7/7/00. Called **Teresa's Day Care**. Discussed the project and the criteria for participation. There are not any toddlers meeting the criteria who are enrolled currently.

## Recruitment Efforts in Haywood and Transylvania Counties

Phone Contact and Information Distribution: 5/30/00. Contacted Ms. Ettinger, the Assistant Director of the **Developmental Evaluation Center** of Asheville. Discussed project and eligibility criteria. The Center provides free developmental evaluations and other diagnostic services for children under 3 year sof age in Buncombe County, as well as those in surrounding counties that includes Transylvania. The Cullowhee DEC serves Haywood County and information about the project will be distributed to staff there.

Phone contact: 5/31/00. **Hug-A-Bunch Day Care Home**. Contact: Jerri Griffith. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone contact: 5/31/00. Contacted the **Balsam Head Start**. Called to provide information regarding the project. The program has children with special needs enrolled, however, they are ages 3 and up.

Phone contact: 5/31/00. **Balsam Road Child Development Center**. Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone contact: 5/31/00. **Bright Beginnings Head Start**. Called to discuss the project and the eligibility for participation. The program does not currently accept children with special needs.

Phone Contact: 5/31/00. **Haywood Community College Child Development Center**. Called to discuss the project and the eligibility criteria for participation. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project at this time.

Phone contact: 5/31/00. **Patricia Turner Head Start**. Discussed the project and the eligibility for participation. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project. Will call again in August when new children are enrolling.

Phone contact: 5/31/00. **Luv-N-Stuff, Too**. Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone contact: 5/31/00. **Luv-N-Stuff, III**. Called to discuss the project and the eligibility for children to participate. The program does accept children with special needs. At this time, the children currently enrolled do not meet all of the criteria for the project.

Phone contact: 5/31/00. **Luv-N-Stuff Large Day Care Center**. Information was given about the project and the eligibility for participation. The program accepts children with special needs, although the children who are enrolled at this time do not meet all of the criteria for the project.

Phone contact: 5/31/00. **First United Methodist Church Kindergarten and Day Care**. Called to discuss the Social Competence project and the eligibility criteria. The children currently enrolled do not meet all of the criteria for the project as they are all over 3 years of age.

Phone contact: 5/31/00. **Central United Methodist Church Prekindergarten**. Discussed the project and the eligibility for participation. The children in the program who may fit other criteria do not fit the age criteria.

Phone Contact. 5/31/00. **Pisgah View Community Family Resource Center.** Discussed the project and talked about the centers programs for families. There are not any children who meet all of the criteria among the families attending the current programs.

Phone contact: 5/31/00. **Mama Bear's Playground III**. There are no children eligible to participate enrolled at this time.

Phone Contact: 5/31/00. Called Monika at **Little Tykes** to discuss the program. She does not currently have any children who meet the criteria for the project.

Phone Contact: 5/31/00. **Bright Beginnings Day Care, Transylvania**. They do not have children enrolled who are young enough to participate in the project.

Phone Contact: 5/31/00. **Lighthouse for Little Folks**. Discussed the criteria for participating in the project and the goals of the project. There are no children in the program that meet the age criteria.

Phone contact: 6/13/00. **Carousal Corner Child** Care. Called to discuss the project and the eligibility for participation. The program does not currently have any children who meet the project criteria.

Phone contact: 6/13/00. **Kids "R" Us**, Day Care Center. Discussed the project and the eligibility criteria. The program accepts children with special needs, however the children currently enrolled at this time do not meet all of the criteria for the project.

Phone contact: 6/13/00. The **Preschool Learning Center**. Called to discuss the project and the eligibility for participation. The program does not have children at this time that meet all of the criteria for participation in the project.

Phone contact: 6/13/00. Called Bonnie at **Bunnies Day Care Home** to discuss the project and the eligibility criteria. Currently the children enrolled in the program do not meet the project criteria.

Phone contact: 6/13/00. **A Child's World Building #1 and #2**. Discussed the project and exclaimed the criteria for participation. The program accepts children with special needs, although the children enrolled at this time do not meet all of the criteria for the project.

Phone contact: 6/14/00. **A Child's Place Montessori**. Called to discuss the project and the criteria for participation. The program accepts children with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone contact: 6/14/00. **Rosman Child Care Center**. Discussed the project and the eligibility criteria. Children currently enrolled do not meet all of the criteria for the project.

Phone contact: 6/14/00. **Ireta's Day Care**. Called to discuss the project and explain the criteria for participation in the project. Although Ireta will enroll children with special needs, the children currently enrolled do not meet all of the criteria for the project.

Phone contact: 6/14/00. **Madison's Place**. Explained the project and the criteria for participation. Madison does not have children with special needs who meet all criteria enrolled at this time.

Phone contact: 6/14/00. **Eagle's Nest Child Development Center**. Called to discuss the project and the eligibility for participation. The program accepts toddlers with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone contact: 6/14/00. Called Sarah Gibbs at **Friendly Bear Child Care** to discuss the project and the eligibility criteria. The program has toddlers with special needs, although the children currently enrolled do not meet all of the criteria for the project.

Phone Contact: 6/14/00. Contact: Carol Evans, **Sunshine Day Care**. Discussed the project at and the eligibility for participation, although the children currently enrolled do not meet the criteria for the project.

Phone contact: 6/14/00. Contact: Jackie Jenkins at **Kidz R Us**. Called to discuss the project and the criteria for participation. No referrals resulted.

Phone contact: 6/14/00. Contact: Renee Wood at **Huggable Bunch Child Development**. Called to discuss the project and the eligibility for participation. The children currently enrolled do not meet all of the criteria for the project.

Phone Contact: 6/20/00. Contact: Susan Ledford, **Little Sunshine Day Care**. There are no children meeting the project criteria enrolled at this time.

Phone contact: 6/20/00. Contacted Beatrice England, **Kid Keepers Family Child Care** Home. Called to discuss the project and the eligibility for participation. The program accepts children with special needs, although no referrals resulted.

Phone contact: 6/20/00. Contact: Juanita Trantham, **Kiddieland Day Nursery and Kiddieland, Too**. Explained project and eligibility. The toddlers do not meet the criteria.

Phone contact: 6/20/00. Called Tammy Rigdon of **Tender Treasures Family Day Care** to explain the criteria and goals of the project. Children enrolled at this time do not meet the criteria for the study.

Phone Contact: 6/20/00. Contact: Suzanne Hendrix, **Lickstone's Day Care**. Discussed the project at and the eligibility for participation, although the toddlers currently enrolled do not meet the criteria for the project.

Phone contact: 6/20/00. Contacted Doris Hamilton of **Little Dreamer Day Care**. There were no referrals from this contact.

Phone contact: 6/20/00. Contacted Florence Caldwell, **Florence Caldwell's Day** Care Home. The program accepts children with special needs, although they do not meet the criteria for participation in this project.

Phone contact: 6/20/00. Contact Vicky Wood of **Vicky Wood's Family Day Care Home**.
She does not currently have any children who meet the criteria for participation in the study at this time.

Phone contact: 7/13/00. Called Jackie Sue Clark of **Jackie Sue Clark's Small Day Care Home**. Explained the project and eligibility criteria. The program does not have any toddlers meeting the project criteria at this time.

Phone Contact: 7/13/00. Contacted the **Carpenter Family Day Care Center** to discuss the project and the eligibility criteria. There are no children meeting the project criteria enrolled at this time.

Phone Contact: 7/13/00. **Silver Bluff Child Development Center**. Discussed the project and eligibility criteria. There are no children currently meeting the criteria that are enrolled in the project.

Phone contact. 7/13/00. **Group B-Strep Association.** Contacted the group to find out about distributing information to parents of young children affiliated with the association. Brochures and parent letters will be distributed by the group to families on the association mailing list. (Mailed brochures on 7/27/00).

## Recruitment in Catawba County

Phone Contact and Information Distribution. Contacted County Public Library about the project. The library offers a story hour for toddlers. Information about the project can be distributed to parents when they come for the story time.

Phone Contact: 7/7/00. Apple Tree Academy contacted. They do not have any children meeting the criteria at this time.

Phone Contact: 7/7/00. Apple Tree Academy of Conover contacted. They do not have any toddlers who meet the study criteria currently enrolled.

Phone Contact: 7/7/00. Catawba Child Development Academy. Contact person: Clara Carson. Explained the project and the criteria for participation. There are not any toddlers meeting the criteria enrolled at this time.

Phone Contact: 7/7/00. Children's Academy 1. There are not any toddlers meeting the criteria enrolled. Does not have toddlers with special needs.

Phone Contact: 7/7/00. Children's Academy 2, Little Folks Day Care. Explained the project and the criteria for participation. There are not any toddlers meeting the criteria enrolled at this time.

Phone Contact: 7/7/00. Community Ridge Day Care. Explained the project and the eligibility criteria. There are not any toddlers enrolled who meet all of the criteria.

Phone Contact: 7/7/00. ECCCM Head Start. Explained the project and the criteria for participation. There may be toddlers meeting the criteria enrolled in August. Will call back in the middle of August.

Phone Contact: 7/7/00. Contact person: Hickory Play School. Contact person: Alice Triplett. Discussed the project and the eligibility criteria. There are not any toddlers currently enrolled who meet the criteria.

Phone Contact: 7/7/00. Cvcc Lab School, Child Development Center, Catawba Valley Community College. Explained the project and the criteria for participation. There are not any children who meet the criteria enrolled at this time.

Phone contact: 7/7/00. Contacted Little Grace and Mercy Child Care Academy. The program does not currently have any children who meet the criteria enrolled at this time.

Phone Contact: 7/7/00. East Newton Playschool. Described the project and the criteria for participation. There are not any toddlers meeting the criteria enrolled at this time.

Phone Contact: 7/7/00. Creative Children. Contact person: Jackson Bach. Explained the project and the criteria for participation. There are not any toddlers meeting the criteria enrolled at this time.

Phone Contact: 7/7/00. Tri-City Baptist Church Day Care. There are not any toddlers meeting the criteria enrolled at this time.

Phone Contact: 7/7/00. West Hickory Baptist Church Preschool. Explained the project and the criteria for participation. There are not any children currently attending the program who meet the criteria.

Phone Contact: 7/7/00. Tic Tac Child Development Center. Discussed the project and the eligibility criteria. The center does not have any toddlers meeting the criteria enrolled at this time.

Phone Contact: 7/10/00. Nanny's Infant Center. Explained the project and the criteria for participation in the project. The center does not currently have any children who meet all of the criteria enrolled at this time.

Phone Contact: 7/10/00. Catawba Ridge Child Development Center I. Contact person: Jack Hartwell. There are not any children who meet the criteria enrolled at this time.

Phone Contact: 7/10/00. Miss Millie's Child Care Center. Explained the project and the criteria for participation. There are not any toddlers meeting the criteria enrolled at this time.

Attempted Phone Contact: 7/10/00. Left message at the High Hope of Hickory child care program. Briefly described the project and requested a return phone call.

Phone Contact: 7/10/00. Hickory Foundation YMCA Child Development Center. Discussed the project and the eligibility criteria. The program does not currently have any children who meet all of the criteria enrolled.

Phone Contact: 7/10/00. Noah's Ark Christian Care. Explained the project and the criteria for participation. There are not any children enrolled at this time who meet all of the criteria.

Phone Contact: 7/12/00. Setzer's Day Care Center. Contact person: Faye Setzer. Explained the project and the participation criteria. There are not any toddlers meeting the criteria enrolled at this time.

Phone Contact: 7/12/00. Tender Care Child Development Center. Described the project and found out that there were not any children meeting the criteria enrolled.

Phone Contact: 7/12/00. Rocking Horse Child Care. Explained the project and the criteria for participation. There are not any toddlers who meet the criteria enrolled at this time.

Phone Contact: 7/12/00. Tree of Life Christian Child Care Center at Healing Springs Church. Described the project and the eligibility criteria. They do not have any children enrolled who meet all of the criteria.

Phone Contact: 7/12/00. Saint Peter's Lutheran Church Preschool. Explained the project and the criteria for participation. There are not any children who meet the criteria enrolled at the preschool.

Phone Contact: 7/12/00. Little Folks School East. Discussed the project and the criteria for participation. There are not any toddlers meeting the criteria enrolled at this time.

Phone Contact: 7/12/00. First Baptist Church Child Development Center. Described the project and the eligibility criteria for participation. There are not any children who meet the criteria enrolled in the center.

Phone Contact: 7/12/00. Tabernacle Baptist Christian School. Explained the project and the criteria for participation. There are not any toddlers meeting the criteria enrolled in the school at this time.

Phone Contact: 7/12/00. Primrose School of Hickory. Called to discuss the project and outline all of the criteria for participation. There are not any children who meet the criteria enrolled at this time.

Phone Contact: 7/12/00. Karen's Kids. Contact person: Karen Hughes. Explained the project and the eligibility criteria. No referrals resulted from the contact.

Phone Contact: 7/12/00. Contacted Tammy Gilbert of Color Me Happy Day Care Home. Described the project and the criteria for children to be eligible. There are not any children who are enrolled currently who meet the criteria.

Phone Contact: 7/12/00. Called Little Steps Day Care, contact person is Betty Mackey. The project was explained as was the criteria for participation. There are not any toddlers meeting all of the criteria who are enrolled at this time.

Phone Contact: 7/12/00. Contacted Children of the World Day Care, Melissa Lyerly. The project was explained and the criteria for participation was outlined. No referrals resulted.

Phone Contact: 7/12/00. TLC Day Care. Contact Person: Lisa Vaughan. Explained the project and the criteria for participation. There are not any toddlers meeting the criteria enrolled at this time.

# TRACY MASIELLO HUMPHRIES

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## Education

University of Utah

*Ph.D., Developmental Psychology, March 1998*
Dissertation Title: Social Competence and Children's Perceptions of Social Interactions and Social Problems during Collaborative Activity
Committee: Cynthia A. Berg, Susan Sheridan, Donald P. Hartmann, Cecilia Wainryb, Daniel Woltz.

*State of Utah Certification, School Counseling (K-12), March 1995*

*M.S., Developmental Psychology, December 1993*
Thesis Title: A Longitudinal Study of the Varieties and Topics of Verbal Conflicts Among 2-3 Year Old Children and Their Mothers, Fathers, and Friends
Committee: Barbara Rogoff, Wendy Haight, David Dodd

University of Central Florida

*B.A., Psychology, Magna Cum Laude, May 1990*

## Fellowships and Awards

- Faculty Commendation for Service, University of Utah, 1995-1996
- University of Utah Research Committee Fellowship, 1994-1995
- Faculty Commendation for Research, University of Utah, 1993-1994
- National Institute of Mental Health Predoctoral Fellowship, 1991-1992
- Phi Kappa Phi National Honor Society, 1990
- Psi Chi National Honor Society for Psychology, 1989
- Golden Key National Honor Society, 1989

## Research Interests

Parent-Child Interactions, Development of Peer Relationships, Atypical Social Development, Educational Intervention, and Children's Social Competence

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## Research Experience

*Associate Research Scientist, Orelena Hawks Puckett Institute, December, 1999-present*
Direct and coordinate research studies investigating ways to promote children's learning in everyday activities, enhance the development of children with disabilities, and evaluate the impact of early intervention programs.

*Co-Investigator, Baudhuin Oral School, Nova Southeastern University, 1999*
Examined the ability of educators to implement a program for teaching life skills to children with autism as part of the regular curriculum.

*Principal Investigator, Baudhuin Oral School, Nova Southeastern University, 1998-1999*
Designed and implemented a study that examined the social integration of preschool children with autism and typically developing peers.

*Principal Investigator, Baudhuin Oral School, Nova Southeastern University, 1997-1998*
Designed and implemented an intervention program to improve the play and social interactions of kindergarten children with autism.

*Principal Investigator, Dissertation Research, Department of Psychology, University of Utah, 1994-1997*
Designed and implemented a study examining aggressive, withdrawn, and well-liked children's interactions and social problem-solving with peers as related to their social competence levels.

*Principal Investigator, Department of Psychology, University of Utah, 1994-1995*
Designed and implemented a study of children's perceptions and problem-solving processes during conflicts with peers.

*Principal Investigator, Department of Psychology, University of Utah, 1994*
Designed and implemented a study of children's experiences as peer mediators for their elementary school.

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*Principal Investigator, Department of Psychology, University of Utah, 1992-1993*
Developed and implemented a study to examine early parent-child and peer interactions in a longitudinal study.

*Research Associate, Department of Educational Psychology, University of Utah, 1992-1993*
Data collection for evaluating parents' ability to implement new skills taught in a social problem-solving program with their Attention Deficit Hyperactive Disordered (ADHD) children.
Supervisor: Susan Sheridan, Ph.D.

*Co-Investigator, Department of Psychology, University of Utah, 1992*
Study design and data collection for a longitudinal examination of mother-child play interactions.

*Research Associate, Department of Psychology, University of Utah, 1991-1992*
Data collection for a longitudinal study of the development of social negotiation.
Supervisor: Wendy Haight, Ph.D.

*Research Associate, Department of Psychology, University of Utah, 1990-1991*
Data collection for a study of pre-school children's success at problem solving with maternal assistance.
Supervisor: Barbara Rogoff, Ph.D.

## Professional Experience

*Adopt-A-Family of the Palm Beaches, Inc., West Palm Beach, Florida*
*Child Development Specialist, June 1996-August 1997*
Provided developmental assessments for children from birth through age 7; conducted home-based and community-based parent education based on developmental theory, provided counseling for children and adolescents in an intervention program for homeless families.

*Salt Lake City School District, Utah*
*School Counselor Intern, August 1994-June 1995*
Counseled elementary school children at the individual, group, and classroom levels dealing with issues of divorce, foster care, family and neighborhood violence, and substance abuse. Trained children in social skills, anger and stress management, coping skills, conflict negotiation, and improving self-esteem. Provided teacher and parent consultations. Coordinated services with community and government agencies.

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*Murray City School District, Utah*
*School Counselor Intern, January 1994-May 1994*
Counseled elementary school children as individuals and in small groups, conducted classroom presentations. Implemented social skills training groups and peer mediation programs.

*Threshold, Incorporated, Orlando, Florida*
*Behavioral Specialist, October 1988-May 1990*
Provided rehabilitative training and behavioral programming to developmentally delayed children and adolescents in a residential setting. Implemented treatment plans, engaged in consultations, recorded client data, and provided initial training to staff members.

Parent-Child Study Center, Tree House Program, West Palm Beach, Florida
*Milieu Therapist, June 1986-August 1987*
Therapist in a day-treatment program for children with emotional and behavioral difficulties.

**Publications**

Dunst, C., Humphries, T., & Trivette, C. (in press). Characterization of parenting competence of children with disabilities. International Review of Research in Mental Retardation, Volume 25.

Humphries, T. (1999). Improving peer mediation in elementary schools: An examination of mediation training and student experiences. Professional School Counseling (3), 13-20.

Rogoff, B., Radzisewska, B., & Masiello, T. (1995). Analysis of developmental processes in sociocultural activity. In Martin, L., Nelson, K., and Tobach, E. (Eds.) Sociocultural psychology: Theory and practice of doing and knowing. Cambridge,UK: Cambridge University Press, 125-149.

Haight, W., Masiello, T., Dickson, L., Huckebe, E., & Black, J. (1994). The every day context and social functions of spontaneous mother-child play in the home. Merrill-Palmer Quarterly (40), 509-522.

# MODULE ONE: ASSESSMENT

## WHAT ASSESSMENTS ARE USED IN THE CURRICULUM?

Before implementing The Play Tools for Toddlers Curriculum, a thorough assessment of the child's current social skills is necessary. This is done using two measurement tools:

1) **The Assessment of Peer Relations (APR):** The purpose of the APR is to organize observations of children in free play to identify the skills they currently have and those that they need to learn. The APR uses a developmental approach to help assess a child's social skills. It is based on the belief that children need to master certain fundamental social tasks before they can learn more complex social tasks. The APR is divided into three sections. Section I identifies a child's foundational social skills. It is used to observe and record the child's current level of social development. Section II looks at the child's strategies for pursuing more complex social tasks, such as joining other children at play, or resolving conflicts with other children. Section III explores the complex foundational processes that may effect a child's social development.
2) **The Play Profile:** The Play Profile is an assessment tool that can be completed by both parents and professionals to summarize a child's overall strengths and preferences. It consists of a series of questions that can help parents and early interventionists develop specific interventions that can enhance a child's social development.

Other developmentally appropriate assessments are used as needed.

# MODULE TWO: INTERVENTION PLANNING

## HOW ARE INTERVENTIONS PLANNED?

The challenge of planning any intervention program is in synthesizing the vast array of information gathered from various assessments, interviews, and observations. **The Intervention Planning Form** can help bridge the gap between assessment and intervention. This process provides the team with a systematic way of summarizing assessment information from the APR, The Play Profile, and other developmentally appropriate assessment sources.

## HOW ARE APPROPRIATE OUTCOMES AND OBJECTIVES DETERMINED?

Using **The Intervention Planning Form** will result in the identification of priority outcomes and objectives for children and their families. The next step is for parents, early interventionists, and other professionals to meet to develop appropriate social competence intervention outcomes and objectives for the IFSP. These outcomes and objectives should be clearly written to meet legal requirements and to be understandable to all team members, including the family. Although this curriculum focuses on social competence, it is also understood that the development of any good intervention program must be functional and integrate all developmental areas across settings.

**Long term outcomes** are generally broad in scope and address outcomes that set the direction for intervention over the course of several months to a year. However, they are typically **not** specific enough for short term planning so they are broken down into short term objectives.

**Short term objectives** are often determined by identifying the skills that are necessary to reach the long term outcome. They should be clearly stated and contain the following three components:

1. Behavior the child is expected to perform.
2. Conditions under which the behavior is expected to occur.
3. Criteria for achievement.

**Examples:**

*Emily will initiate at least one verbal request to join another child in an ongoing activity during free play period over three days with two different children.*

*Emily will engage in play with one or more children for a minimum of five minutes on three consecutive days.*

## HOW ARE THESE OUTCOMES AND OBJECTIVES IMPLEMENTED AT HOME AND AT THE CHILD'S DAY PROGRAM?

**The Outcomes-Activity Matrix** is used to pinpoint when identified outcomes and objectives can best be taught throughout a child's typical day. By completing a separate matrix for home and the child's day program, outcomes and objectives can be incorporated into both home and day program routines.

## WHAT TYPES OF STRATEGIES ARE CONTAINED IN THE CURRICULUM?

In addition to actually identifying and teaching targeted social skills, The Play Tools for Toddlers Curriculum contains ideas and suggestions for the following:

- The physical environment
- Routines and activities
- Materials
- Teaching procedures

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## WHAT IF A CHILD NEEDS ADAPTATIONS TO THE CURRICULUM?

Given the wide array of special needs children may have, even the most well planned activities may require adaptations. The Play Tools for Toddlers Curriculum provides suggestions for adaptations for children with communication delays, visual and hearing impairments, behavioral challenges, physical challenges, and cognitive delays. General suggestions for each of these areas are provided in The Play Tools for Toddlers Curriculum's Intervention Manual. Additionally, specific suggestions for adaptations are provided throughout the curriculum for each target skill.

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# MODULE THREE: INTERVENTION

## ONCE THE CURRICULUM HAS BEEN IMPLEMENTED, HOW IS PROGRESS MONITORED?

Data collection is an important component of any early intervention program. By collecting and analyzing data, parents and professionals can determine whether a child is learning and making progress. Data collection provides an ongoing opportunity for parents and early interventionists to evaluate their efforts. Without ongoing data collection it is impossible for parents and early interventionists to gain a clear indication of a child's performance on a particular objective.

**The Data Collection Form** can be used to collect data for each child-specific objective. In addition to serving as a data collection instrument, this form can also be used as an individualized instructional program. Recording the child-specific antecedents, behaviors, consequences, and alternative consequences for each objective will ensure that all persons working with the child will be familiar with the individualized instructional strategies for each objective. Although this may seem time intensive, it will ensure thorough instructional and data collection procedures for each objective.

## HOW DO I KEEP TRACK OF THE CHILD'S PROGRESS?

Project staff will develop two individualized Curriculum Handbooks for each child: one for use by the early childhood professional in the child's day program and one for use by the family in the child's home. These Curriculum Handbooks will contain all of the information necessary to implement the child's individualized social competence program.

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## WHAT IF I HAVE QUESTIONS OR NEED MORE INFORMATION ABOUT THE CHILD'S SOCIAL COMPETENCE PROGRAM?

Project staff are scheduled to visit participating children in their day program on a weekly visit for the first month of the child's program. After the initial month, project staff will visit the day program every other week. These visits can be opportunities for problem solving, technical assistance, assistance with data collection, or celebrations! Home visits will also be scheduled as needed. It is anticipated that meetings attended by day care personnel, early interventionists, family members, and project staff will occur on a monthly basis. Finally, project staff are always available to answer your telephone calls. If you ever have any questions, please feel free to call Anne Marie Davidson, The Social Competence Curriculum Project Coordinator at (860) 679-1568 or ____________________ at ________________________.

Phone Contact: 7/14/00. **Wee Wiggles Child Care Center**. Discussed the project and the eligibility criteria. The toddlers enrolled at this time do not meet all of the criteria for the project.

Phone Contact: 7/14/00. **WNC Families CAN.** Called the support group to find out if they include families with special needs toddlers. There are several young children whose parents are members of the group who have aggressive behaviors and poor social skills, however, they do not necessarily have a diagnosed disability or an IFSP. Information about the project will be distributed to the parents on the mailing list.

Phone Contact: 7/14/00. **Little Acorns Child Care**. Described the project and explained the eligibility for participation. The program accepts children with special needs, although the toddlers enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/14/00. **Stephanie's Home Day Care**. Called Stephanie to discuss the project and review the eligibility for toddler participation. No referrals resulted from this contact.

Phone Contact: 7/14/00. **Miss Marcie's Day Care Home**. Discuss the project and the eligibility criteria. Marcie has a new program and is still enrolling toddlers. At this time, she does not have any children who meet all of the criteria for the project. She has one infant who is ten months old that appears to have some delays, but the other children appear to be on target for development.

Phone Contact: 7/14/00. **Family Services Center**. Called to discuss the project and determine if there are any eligible toddlers who attend the playgroups that are offered through the center. There are not currently any toddlers attending who meet all of the criteria.

Phone Contact. 7/14/00. **Talley Tots Family Child Care Home**. Called to describe the project and reviewed the eligibility for participation. The program does not currently have any children who meet all of the criteria for the project.

Phone Contact. 7/14/00. **Humpty Dumpty Day Care**. Explained the project and discussed the eligibility for participation. The toddlers enrolled at this time do not meet all of the criteria for the project.

Phone Contact. 7/21/00. **Snow Hill Child Enrichment Center**. Discussed the project and reviewed the eligibility criteria. The program accepts children with special needs, although there are currently no children enrolled who meet all of the criteria for the project.

Phone Contact. 7/21/00. **VI's Day Care Center**. Explained the project and reviewed the eligibility for participation. No referrals resulted from the contact.

Phone Contact. 7/21/00. **Warren Wilson Head Start**. Called to describe the project and reviewed the eligibility for toddler participation. There are not any children currently enrolled who meet all of the criteria for the project.

Phone Contact. 7/21/00. **Kid Town Child Care Center**. Discussed the project and reviewed the eligibility for participation. The toddlers currently enrolled do not meet all of the criteria for the project.

Phone Contact. 7/21/00. **Little Learners Day Care**. Explained the project and reviewed the eligibility criteria for participation. There were no referrals resulting from the contact.

Phone Contact. 7/21/00. **Love & Learn Child Care Home**. Described the project and reviewed the eligibility for children to participate. The children who are currently enrolled do not meet all of the criteria for the project.

Phone Contact. 8/6/00. **Kidcare**. Called to discuss the project and outlined the eligibility for participation. The toddlers enrolled in the program at this time do not meet all of the criteria for the project.

Phone Contact. 8/6/00. **Graham Children's Health Center**. The project was described and the eligibility criteria was reviewed. There may be a child that meets the criteria who receives services for speech delays. The child will be 2 this month. Information will be distributed through the center to the parent of this child and to other parents, as well. Information was delivered to the center for distribution.

**Flyer Distribution**. 8/6/00. Flyers about the project were placed in 9 public libraries in the Asheville area for display in the children's section. Parent letters and brochures were left for distribution to parents who attend story times for toddlers.

Phone Contact: 8/6/00. Contacted the **Black Mountain Family Resource Center**. Described the program and the eligibility criteria. A presentation will be made to parents at the next meeting for parents of special needs preschoolers, which is scheduled for 8/24/00.

Phone Contact: 8/6/00. Contacted the **Emma Family Resource Center**.
Described the program and the eligibility criteria for toddlers. A presentation will be made to next week's playgroup.

Phone Contact. 8/6/00. **Park Ridge Medical Associates**. Called to discuss the project and the eligibility criteria for toddlers to participate. A presentation will be given on 8/20/00. Information was delivered for distribution in the pediatric waiting room.

Phone Contact: 8/6/00. Contacted I **the Isaac Dickson Family Room**. Described the program and the eligibility criteria. Information will be delivered to the playgroup for distribution to parents. If parents are interested, then a presentation will be made to them.

Phone Contact: 8/6/00. Contacted the **Valley Family Resource Center**. Described the project and the eligibility criteria. A presentation will be made at the next meeting of parents with children with special needs. The meeting is tentatively scheduled for the end of the month.

Phone Contact: 8/6/00. Contacted the **Asheville City Family Literacy Resource Center**. Described the program and the eligibility criteria. A presentation will be made to the playgroup parents on 8/18/00.

Phone Contact: 8/16/00. Contacted the **Eliada Family Resource Center**. Explained the program and the eligibility criteria. There are two children who meet all of the criteria involved in the program. A presentation will be made to parents on 8/25/00. The information will be distributed to parents before the presentation. Information was delivered for distribution.

* Phone Contact: 8/16/00. Sylvia called from the **Asheville City Schools Early Head Start Program.** She has a child who meets the criteria for the project. The boy has a chromosomal abnormality and is receiving EI services. He will turn 2 in December. His mother has been told about the project and has requested to participate. Adam Martinez and his mother do not speak English, however. Project Director arranged to have a Spanish speaking RA work with the interventionist and this family. The mother will be contacted in November to arrange the first home visit.

## Recruitment Efforts in McDowell County

Phone contact: 4/10/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Bowman**'s child does not meet all of the criteria.

Phone contact: 4/10/00. Called parent on list of families interested in participating in Puckett Institute Projects. **Cameron Ellison** does not meet all of the criteria.

Phone contact: 4/10/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Good** family may be interested. Chris is 2 on 7/9/00. Information mailed to the family.

Phone contact: 4/10/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Gibbs** are interested in the project, but would like more information. Gracie will be 2 on 11/4/00. Information mailed.

* Phone Contact: 4/17/00. Referral from FIPP staff member. **Evan Martinez** is visually impaired. His mother has received the information through FIPP and has agreed to participate in the project. He goes to the Governor Moorehead Preschool once a week, so the family will enroll him in a FIPP playgroup or other group activity. Evan will turn 2 on 2/19/00.

Phone Contact 4/24/00. **Eastfield Head Start, McDowell County Schools Head Start.** Contact person: Brenda McKinney. Described the project and the eligibility criteria. They are interested in having more information about the study. They may have children meeting the criteria beginning in August. Information was mailed and arrangements were made to contact the program again in August.

Phone Contact 4/24/00. **McDowell County Schools Head Start, Sugar Hill Center.** Contact person: Brenda McKinney. Described the project and the eligibility criteria. They may have children meeting the age criteria when new students begin in August. Information was distributed regarding the program.

Attempted Phone Contact: 4/24/00. **McDowell County Developmental Day Care** Program. Left message briefly describing the program and asking for a return phone call.

Phone Contact: 4/24/00. **McDowell Technical Community College Child Development Center**. Contact person: Joy Griffith. The program has 2 children with Downs'syndrome who may be eligible, depending upon their dates of birth. More information about the project and criteria will be given to Joy on 5/4/00. Joy will give information to the parents if the children meet the criteria.

Personal Presentation. 4/25/00. **Joy Griffith** given more information about the project and the eligibility requirements. She was provided with parent letters and brochures to distribute to parents of children who may fit the criteria in the future, although the children that she was originally recommending do not meet the age criteria.

Follow-up phone contacts. 4/1/00. Called the Gibbs and the McDowell Developmental Day Care Program. Still unable to contact.

Phone contact: 5/5/00. Called parent on list of families interested in participating in Puckett Institute Projects. The **Freeman**'s child does not meet the criteria.

Phone contact: 5/5/00. Called parent on list of families interested in participating in Puckett Institute Projects. **Elijah Strode** does not meet the criteria.

Phone contact: 5/5/00. Follow-up phone contact with **Sharon Good**. She has discussed the project with her husband. Due to their busy schedules and the time commitment required if they are selected for the inervention group, they do not wish to participate in the project.

Phone Contact: 6/1/00. **McDowell County Developmental Day Care Program**. Contact Person: Sherrie Owenby. There are no children who meet the criteria enrolled in the program. The toddlers in the program have already turned 2 years old.

Phone Contact: 6/1/00. **McDowell High Child Care Program**. There are no children who meet the criteria enrolled in the program.

Phone contact: 6/12/00. **Western Piedmont Community College Childhood Development** Department. There is not a daycare center on site, however, flyers and information about the project will be distributed through the department and posted on the bulletin board.

Mailing: 7/7/00. Sent a letter to the **Martinez** residence as they do not currently have a telephone. The letter was sent to confirm their continued interest in participating when Evan turns 2 in February.

**Flyer Distribution**: 7/10/00. Distributed information to the library system, Laundromats, and stores.

Phone Contact: 7/10/00. **Rita Bradley Child Care Home**. Contacted Rita Bradley to determine if she had any children who met the criteria for the program. There are not currently any children eligible at this time.

Phone Contact: 7/10/00. **Proverbs 22.6 Child Care Home**. Contacted Gilda Hamrick about he project. There are not any children meeting all of the criteria who are attending at this time.

Phone Contact: 7/10/00. **Little Chicks Day Care Home**. Contact person: Jennifer Hoilman. The children who are currently attending the program do not meet the project criteria.

Phone Contact: 7/11/00. **Tiffany's Home Care**. Contacted Tiffany Moore to discuss the project. There are not any children currently attending who meet all of the criteria.

Phone Contact: 7/11/00. **Dreema Taylor** was contacted to determine if she had any children in her program who meet the criteria for participating. At this time, there are not any eligible children in her program.

Phone Contact: 7/11/00. Called Jean Mackey of **Jean Mackey's Day Care Home** to discuss the project. There are not any eligible children attending the program at this time.

Phone Contact: 7/11/00. Contacted **Pamela Mace** to determine if she has any children who are eligible to participate attending her program. No children currently attending meet all of the criteria.

Phone Contact: 7/11/00. **Robbin's Day Care Home**. Contact person: Robbin Johnson. There are no children currently enrolled in the program who meet all of the criteria.

Phone Contact: 7/11/00. **Ann Hughes Day Care Home**. Contact person: Lydia Hughes. There are no children enrolled in the program at this time who meet the criteria for participation in the project.

Phone Contact: 7/11/00. **McDowell County Early Head Start**. There are not any children currently attending the program, as they have been transitioned out. However, more toddlers are expected to attend the program in August. Will contact the program again during the middle of August to determine if any children are eligible to participate in the project.

Attempted Phone contact: 8/9/00. Left a message for Linda Wilson, the senior coordinator for the **family resource center of McDowell** county to arrange to speak to her staff who work with toddlers in early intervention.

Personal Contact: 8/9/00. A **Puckett Institute staff member**, Carmen Brown, has a child meeting the criteria whose mother might be interested in participating in the study. The child turns 2 on 12/9/00. Carmen will pass on the brochures and parent letter to the mother.

Phone contact: 8/11/00. Linda Wilson called to set up the meeting with her staff. The presentation was arranged for 8/16/00 at 2:00 p.m.

Project Presentation: 8/16/00. Presentation was given to the **Family Resource Center Staff of McDowell County**. The staff had a lot of questions about eligibility, particularly about children considered to be at risk due to environmental issues. The staff came up with three children who might be eligible. The children will turn 2 in March and April of 2001. The staff agreed to look through their files to see if there are other children who might be eligible.

## Recruitment in Madison County

Phone Contact: 6/1/00. **Madison High School Child Care Program**. Discussed the project and the eligibility criteria. There may be eligible children enrolling in August. The director was very interested in the project and would like more information.

Phone Contact: 6/1/00. **Mountin' Hopes, Therapeutic Horse Riding.** Called and discussed the project and the eligibility for participation. The program does not work with children as young as the ones needed for the Social Competence Project, but will distribute information to parents of children in the program, as some may have younger children with disabilities, as well. Information will be delivered on Saturday before that day's session (6/3/00.).

Phone Contact: 6/12/00. **Little Friends Day Care**. Explained the purpose of the project and the criteria for participation. There are no children meeting the criteria enrolled in the program.

Phone Contact: 6/12/00. **Hot Springs Head Start**. Discussed the project and the eligibility criteria. The children who will be enrolled in August will be older than 2 years.

# APPENDIX F

## *Listing of Newsletters

Autism Society of America

Down Syndrome Congress Newsletter

Connecticut Parent Advocacy Newsletter

* The following page is a copy of the information placed in the newsletters.

The UConn Health Center, Division of Child and Family Studies, is conducting a research project funded by the US Department of Education. The purpose of the project is to look at toddler's social skills and how systematic teaching of these skills can effect their growth and development. We are looking for children who are

- 18-24 months old
- receiving Early Intervention services
- currently enrolled or considering enrollment in a daycare or play group environment

For more information please contact Anne Marie Davidson, Project Coordinator, at (860) 679-8007 or E-mail a message to adavidson@up.uchc.edu

# APPENDIX G

# The Social Competence Curriculum Project

# Procedure and Intervention Manual

The Social Competence Curriculum Project
Division of Child and Family Studies
UConn Health Center
Farmington, CT

# I. Initial Contact

### Manual Description

The Social Competence Curriculum Project was a research effort funded by the U.S. Department of Education. It was directed by Dr. Mary Beth Bruder at the University of Connecticut Health Center, Department of Pediatrics, Division of Child and Family Studies.

This manual was developed to describe the procedures that were used in the study in order to ensure consistency of research protocol for all aspects of the project across all project staff. It was also intended to help protect the rights of the families and children involved in the study by noting specific practices where necessary such as giving parents an opportunity to ask questions about the measures and practices, and maintaining the confidentiality of various sources of research information. It was consulted and updated by the project staff as often as it was necessary to ensure high quality research practices.

### Project Overview

The Social Competence Project was a longitudinal study designed to examine the effects of a curriculum developed to enhance peer-related social competence in toddler-age children between 24 and 42 months with disabilities in Connecticut (N-25). The toddlers received the curriculum in the natural group environments which served as their early childhood program sites. A group of children (N-25) who did not receive the curriculum, but did receive early intervention in natural group environments, was used as a comparison group. Evaluations were carried out every six months starting when the children were 24 months old and continued until the child was 36 months. A follow-up evaluation was conducted for each child when the child was 42 months.

Eligibility Criteria

To participate in the Social Competence Curriculum Project a child had to be:

- 24 months of age
- currently receiving early intervention services
- participating in a natural group environment with children who did not receive early intervention services two days a week for at least two hours a day

## Participant Recruitment

Recruitment procedures included the dissemination of informational letters, word of mouth, and personal contacts with service providers. Informational letters were sent to agencies throughout the state who were interested in the project and with their cooperation, the brochures and flyers were then distributed to families of children with disabilities. (see Appendix A for the project brochure and flyers).

When a child was determined to be eligible for early intervention services in Connecticut, the child's parents were asked by the state Department of Mental Retardation to sign a release form provided by the Division of Child and Family Studies. This form asked parents to grant their permission to release their names, phone numbers, and addresses, the age and gender of the child receiving early intervention services to the Division of Child and Family Studies. Families identified through this route were contacted by phone to determine interest in and eligibility for participation of this project.

In addition, other recruitment strategies that were used included, an agreement with INFOLINE, a statewide childcare and service referral agency, to disseminate the Social Competence Curriculum brochure to any new referrals that came through the agency. Child care facilities that participated in a previous social competence project were also contacted to identify any children who may be eligible for participation in the current project. Advertisements for the project were placed in various organizational newsletters targeting parents and families of children with disabilities or special health care needs. Finally, project staff attended regional provider meetings in an effort to encourage agencies to sign-up for an in-house demonstration of the importance of social competence for young children. The demonstration served as a mini-training of past and future social competence research in toddlers and how the Social Competence Curriculum Project could be facilitated through the providers.

Once a parent expressed an interest in the project they were contacted by the project coordinator and given additional information about the terms of the project including child eligibility and the level of family and teacher involvement required. At that point, families were asked if they would like to participate. If so, their name and contact information was given to a research assistant who followed up with the family to begin to schedule data collection.

## II. Getting Started

### Randomization

After eligibility and willingness to participate were established, the child was randomly selected for either the control or treatment group. Randomization was achieved through a sealed envelope system. In the envelope were 25 pieces of paper with the word intervention written on them and 25 pieces of paper with the word control written on them. One piece of paper was withdrawn from the envelope for each child.

### Beginning Data Collection

Each family participated in 2 or 3 data collection visits allowing project staff to gather the information necessary to complete project protocols. In addition, project staff completed 2 or 3 data collection visits with the child's program staff. These visits were repeated every 6 months. The 6 month data collection visits to the home and the school were identical for both the curriculum and control groups. A step-by-step guide used by the project staff to ensure the adherence to the procedures and protocols followed upon intake and subsequent data collection is entitled "Experimental Groups Assignment Procedures" and "Control Group Assignment Procedures." A detailed description of each data collection form used during the 6 month data collection points can be found in Section III. Contained in Appendix B is a blank copy of each data collection form for use as a reference. When each of these forms was completed with the family or the program staff can be found in Section VI.

# III. Data Collection

### Data Collection Forms/Assessments

Listed alphabetically below is a description of each data collection form or assessment tool used throughout this project. Included in the description are any special instructions for accurate completion of the form or standardized assessment, as well as an indication of the person(s) who should collect the data. Consistency, accuracy, and thoroughness were essential to careful data collection. All individuals who collected data for the project followed the established protocol associated with each individual instrument. The importance of recording all information as accurately as possible was highlighted so that it reflected the response the family or child care professional meant to convey or the behavior the child was exhibiting. When necessary, clarification of the participants' responses was obtained. Finally, every effort was made to avoid "missing data." For example, if a child was ill and was not able to be videotaped on a certain day, the data collection visit was rescheduled as soon as possible. Attention to consistency, accuracy, and thoroughness was maintained to ensure data that was complete and usable for analysis.

### Activity Log

The Activity Log was a tool used to observe the child's activities in their classroom. It provided information about the activity in which the child was engaged, including whether the activity was developmentally appropriate and age appropriate. It also asked whether the child was engaged appropriately, the number of children involved in the same activity, the dominant activity of the entire group of children in the class, and whether an adult was involved and the role of the adult. This data collection form was completed by a member of the project staff during real time at the child's program. It was completed for three hours or for the duration of the program if it was less than three hours.

### Assessment of Peer Relations

The Assessment of Peer Relations was developed by Michael Guralnick as a tool that examines a child's social strategies. It is based on a child's need to gain competence in three social tasks, peer group entry, conflict resolution, and maintaining play. The tool was used in conjunction with an observation of the child in a social setting. The observations formed the basis for determining the influences of underlying processes on social strategies of concern. In essence, it was an attempt to evaluate how the child thinks about a particular problem during interactions with peers. The APR was completed during the training session that occurred at the child's community program. It was used to determine the strategies employed by the child in regards to his/her peer interactions. This information was then used to determine outcomes for the implementation of the social competence curriculum.

### Battelle Developmental Inventory

The Battelle Developmental Inventory was used by the project staff to assess the child's development in the following areas: Personal-Social, Adaptive, Motor, Communication, and Cognition. Research staff administering the Battelle are not able to score items that they do not see the child perform. Therefore, if the child was unresponsive or not interested but they thought the child may be capable of completing the item, they enlisted the help of a parent or familiar adult. If the child was simply having a difficult day and was not cooperative, it was sometimes necessary to return at a later point in time to complete the assessment. The Battelle was administered at home at each age point with the parent present.

### Child Behavior Checklist

The Child Behavior Checklist is a standardized parent report instrument that measures 99 common child behavior problems and ask parents to indicate to what degree each behavior describes their child. The scores obtained from the Child Behavior Checklist are compared to norms to determine whether the child's behavior problems are of "clinical significance." Use of subscale scores and examination of individual items can be helpful in identifying areas that may influence the child's social competence with peers.

The Child Behavior Checklist was distributed to the family for them to complete in their own time. The response sheet was a single form that took approximately 20 minutes to complete.

### Child Intervention History

The Child Intervention History form was used to collect information about the child's prenatal history, specific primary diagnosis, and any special medical needs the child had. It was important to recognize that this form may contain very sensitive information such as parental drug or alcohol abuse, and medical conditions such as HIV and AIDS. **Medical information provided by families was regarded as extremely confidential and was not discussed or shared for any reason except as needed for the research project.** This form was also completed by the parents.

### Classroom Profile

The Classroom Profile was used to gather information about the child's community-based setting. This form was completed by the program staff or as an interview between the program staff and the project staff. The data collector obtained a written copy of the child's classroom schedule whenever possible. The written schedule was stapled to the Classroom Profile form and labeled with the child's name and age and the name of the program. If it was not possible to obtain an actual written copy of the classroom schedule, the data collector obtained specific information regarding the classroom schedule from the classroom teacher and recorded it on the form. The Daily Classroom Staff matrix reflected all of the staff who regularly worked in the classroom, regardless of whether or not they were present on the days when the participating child (the child participating in the study) attended the program.

### Consent Form-Parent/Caregiver

The consent form was distributed to the parent or guardian at the initial home visit. The parent or guardian was given an opportunity to ask questions about the study, and the measures before signing the form. Two separate consent forms were designed to highlight the differences in participation between the control and intervention groups.

### Consent Form-Provider/School

The consent form was distributed to the classroom teacher or program director during the initial school visit. Since the requirements for access to the school were different according to which group the child was assigned to, there were two different forms, one for a child assigned to the control group and one for a child assigned to the treatment group.

### Control Group Assignment Procedures

This individualized form was used by the project staff to ensure that the data collection procedures and protocols were followed for each child assigned to the control group and to record scheduled classroom visits and meetings. It contained a specific checklist of all data collection that was to occur at each age point. This form was to be consulted and updated regularly and was used as a central reference of information for each child.

### Experimental Group Assignment Procedures

This individualized form was used by the project staff to ensure that the data collection procedures and protocols are followed for each child assigned to the experimental group and to record scheduled classroom visits and meetings. It contained a specific checklist of all data collection which was to occur at each age point. This form was consulted and updated regularly and used as a central reference of information for each child.

### Day Program Contact Sheet

This form was used to gather information about the child's program including the name of the program, the person to contact, the participating child's hours and days of attendance, and directions to the program. This information was obtained from the parent by the project staff.

### Family Demographic Form

This form was used to collect necessary demographic information, some of which was used to classify participants' families according to Hollingshead Four Factor Index for Social Status (Hollingshead, 1975) and for other aspects of data analysis. **It was important to clarify with the family any responses that were unclear** so that the demographic information was complete and able to be used as the project required. This was accomplished by telephoning the family and requesting additional information or clarification.

### Family Interview

This form was completed by a member of the project staff, in conjunction with the child's parent(s)/caregiver(s) in an interview format. The purpose was to gain a greater understanding of the quality of the parent child interactions, the family's attitudes and beliefs about their child's social competence, the opportunities that the child had for play with other children, and whether the level of support the family had was an adequate level. Specific information was used to develop family intervention outcomes and activities.

### Family Support Scale (Dunst, Jenkins, & Trivette, 1988)

The Family Support Scale was used to measure the amount and type of social support the family was receiving in relation to raising their child over the past 3 to 6 months. The family was asked to circle "NA" on the form if a particular source of support was unavailable. This was used when certain individuals were deceased (e.g., the child's grandparents, other relatives, etc.), and when the family has had no involvement with a particular source of support (e.g., the parent's/caregiver's friends lived far away, the participating child was the only child in the family, the parent/caregiver was not employed and therefore did not have contact with co-workers, the family did not belong to any parent/caregiver groups or social clubs, and the family did not regularly attend religious services, etc.). The family used the "Not at all Helpful" response when they had had regular contact with a certain individual or group but this individual or group had not been particularly helpful to the family. It was important that families understood the distinction between the two types of responses so the meaning of their responses was clear for data analysis purposes.

### Friendship Survey for Parents/Caregivers

The Friendship Survey was used to examine friendship patterns of young children. It asked parents to respond to various questions regarding the characteristics of their child's mutual friendships, if another child had an interest in their child, and if there was a child who was interested in their child but their child was not interested in. It was adapted from Buysse, V. (1994) *Early Childhood Friendship Survey for Teachers*.

### Friendship Survey for Teachers

The Friendship Survey for Teachers was used to examine friendship patterns of young children. It asked teachers to describe characteristics of the participating child, characteristics of the child's interest in another classmate and characteristics of a classmate that showed an interest in the participating child. It was adapted from Buysse's *Early Childhood Friendship Survey for Teachers*.

### IFSP/IEP Outcomes and Analysis Form

The IFSP and IEP analysis form was designed to analyze each child's Individualized Family Service Plan/Individual Education Plan on 15 different components. The analysis reviewed the outcomes and if applicable, the short term objectives. The analysis broke down the components of the IFSP/IEP into four domains: Functionality, Generality, Instructional Context, and Measurability. This analysis form was designed to give an overall assessment of the utility and applicability of the child's IFSP/IEP outcomes and objectives listed for the child and family. IFSP's were collected from the child's service coordinator and analyzed by a project staff person.

### Infant-Toddler Environment Rating Scale (ITERS)/Early Childhood Environment Rating Scale (ECERS)

The ITERS and ECERS were used to examine the child's classroom environment on many dimensions including classroom furnishings, learning equipment, art activities, gross and fine motor activities, cultural display, language learning, music and movement, etc. Most of the information needed to complete the ITERS/ECERS could be obtained simply by observing. However, it was often necessary to ask specific questions of the teacher about the program or classroom in order to score certain items.

If the child was enrolled in either a family day care program or an integrated setting other than a traditional child care program or nursery school, the Family Day Care Rating Scale OR the adapted version of the ITERS was used. For example, if the child's integrated setting was a swim class, most of the items on the traditional ITERS would not apply. Therefore, an adapted version of the ITERS was developed by the project staff in an attempt to provide an instrument that was suitable for a variety of settings. All of the environmental rating tools were completed by project staff during real time at the child's community program.

**Parent/Caregiver Satisfaction Report**

The Parent/Caregiver Satisfaction Report was a project evaluation tool. It was used to collect information about families' satisfaction with the project in terms of procedural requirements of the family and its usefulness and effectiveness. It was completed by the family at the 30, 36, and 42 month data collection intervals.

**Personal Network Matrix** (Trivette & Dunst, 1988)

The Personal Network Matrix measured the frequency of the contact the parent/caregiver had with various individuals including extended family members, people in the community, and service providers during the past month. Families were reminded that contact could include face to face contact, contact in a group setting, or contact by telephone. When the family had no contact with an individual or group because the individuals were deceased (e.g., the child's grandparents, other relatives, etc.), or when the family had no involvement with a particular person or group (e.g., the child's parent/caregiver was unmarried, the target child was the only child in the family, the parent's/caregiver's friends lived far away, the family did not regularly attend religious services, the parent/caregiver was not employed and therefore did not have contact with co-workers, etc.), the parent/caregiver circled "1" which corresponds to "Not at all Helpful" on the scale.

**Play Profile**

The Play Profile was an individualized information gathering tool that was used to determine the child's play interests and habits in both the classroom and home. These strengths and particular interests were then used as tools for intervention planning and implementation of the curriculum. This form was completed by the child's classroom teacher and parent/caregiver.

### Social Network Questionnaire

The Social Network Questionnaire asked the child's parent/caregiver to list the activities that he/she child had been involved in outside of the community based setting (such as birthday parties, other play groups, having a friend come over to play), along with the number of children involved in those activities, their ages, the child's relationship to these children, the amount of time they spent together, and whether any of the children received early intervention services. The child's siblings were **not** included on this form but other relatives such as cousins were included.

### Social Competence Strategies for Early Childhood Professionals

The Social Competence Strategies Profile for Early Childhood Professionals measured beliefs about the relative importance of various methods for teaching social skills to young children (e.g., teaching children to recognize and label peer's emotions, reading stories that model social interaction, and providing toys that promote social interaction) and asked those early childhood professionals to note whether they were presently using each method in their program. This measure was used to examine whether the use of the Social competence Curriculum effected changes in the variety of methods teachers used to teach social skills and the importance they ascribed to each method.

### Social Status Questionnaire

The Social Status Questionnaire asked the teacher to note whether other children in the child's class or program choose to sit near the child during snack, played with the child's toys, chose the child as a playmate, watched out for the child, sat near the child during circle time, and/or sat near the child during activities. It was intended to provide a measure of the child's status or popularity with peers in the program. This form was filled out by the child's program facilitator or teacher.

### Stipend Form

The child's parent/caregiver and child care professional/program instructor received a stipend at each of the data collection intervals. The stipend form required that the recipient provide his/her home address or mailing address and his/her social security number. If a parent/caregiver or child care professional/program instructor felt uncomfortable providing their social security number, they were reminded that it was only used to process the stipend check and would not be used for any other information gathering purpose.

### Support Services Form

The Support Services form was used to collect information on the types of intervention services the child received, the frequency and intensity of each service (e.g., how often and for how long), whether the service was provided at the child's home or in his/her early childhood program, and whether the service was provided directly or in a consultative fashion. Specific information regarding the agency and individual(s) providing the services, and the funding source of the intervention were also received. This form was completed by the parent or a member of the project staff in conjunction with a parent/caregiver.

### Teacher Satisfaction Report

The Teacher Satisfaction Report was a project evaluation measure that was filled out by teachers at the 30 and 36 month data collection points. It asked teachers to report on the usefulness of the curriculum, the helpfulness of the project staff, the appropriateness of the interventions and whether they would use the curriculum again. It also asked what they liked best and least about participating in the project and what they would like to change about the project. It was completed by the child's regular classroom teacher.

### Video Release Form

This form was completed by the parent/caregiver of each child in the participating child's classroom. The appropriate number of copies weer given to the teacher, who distributed them to each family. If a form was not returned, or the parents/caregivers declined permission for their child to be videotaped, every effort was made by the videographer to avoid capturing that particular child in the classroom video session.

## Classroom Program Video Sessions

Classroom activities were video taped for 40 minutes. When videotaping in the classroom, the following procedures and guidelines were used:

1. The battery pack was charged and a spare battery was available.

2. It was very important to obtain high quality videotaped data so that it could be coded accurately later on. When the project person arrived at the classroom to begin videotaping, they examined the classroom for **the best possible locations** from which to film. They attempted to film the child's entire body whenever possible. It was extremely important to film the child's head and face from the front whenever possible because judging behavior often required knowing whether the child was looking at a peer or adult, whether the child was examining a toy, and whether the child was talking and what s/he was saying. The Play Observation Scale Coding Manual, the Parent/Caregiver Involvement Scale and the Individual Social Behavior Coding Manual provide a clear understanding of the way in which the videotaped data was coded.

3. Before beginning to videotape, the project person announced the child's first name, location, and age point (e.g., "This is Jennifer's 24-month classroom observation.") so that their voice was recorded on the videotape. This was done so that data coders who were unfamiliar with the children in the study could identify children and helped to eliminate questions about whether the correct age point was being coded.

4. After announcing the child's name and age point, the project person videotaped a complete picture of the child's classroom. This was done to give the coder an accurate and complete picture of what the room looked like.

5. All parents of children in the class were asked to sign a release form that enabled project staff to film their child if s/he happened to be playing near or with the participating child. Some of the children's parents/caregivers did not give their permission for the child to be filmed. This was determined before taping began and

those children were avoided during taping. If a child who was not to be videotaped entered the play area of the participating child, the project person would stop recording, and moved to a better location so as not to videotape that child, or waited until either child moved away.

6. The child was filmed for a total of 40 minutes. Since the coding of the filmed data involved examining the child's play behavior and social behavior, **every effort was made to film the child during indoor and/or outdoor free play**.

7. Each videotape contained data for **one complete age point** for **one child**. At the completion of the project, there were 4 tapes for each child, one that contained the child's 24 month data, one that contained the 30 month data, one that contained the 36 month data, and one that contained the 42 month data. Each tape contained both the **classroom session** and the **home session** at that particular age point.

### Home Video Session

Caregiver-child interaction was filmed in the child's home for 20 to 30 minutes. The caregiver was given the following instructions: "Play with (child's name) as you normally would." The caregiver and child then played with the child's own toys or completed their regular activities. At the start of the video, the project person announced the child's first name, location, and age point, (i.e., "This is Jennifer's 24 month home observation.").

### Videotape Evaluations

Three different instruments were utilized to evaluate the videotaped data for each child at each age point. These instruments are the Individual Social Behavior Scale (ISB), the Play Observation Scale (POS), and the Parent/Caregiver Involvement Scale (PCIS). Each coder was trained on the coding protocol for each scale and attained an acceptable level of reliability with other coders before scoring videotapes.

**Individual Social Behavior Scale (ISB):**

The Individual Social Behavior Scale (ISB) measured the type and amount of social behavior the child directed toward peers and adults, the type and amount of responsive social behavior the child exhibited (i.e., how often the child responded to another person's social bid), and the amount of nonsocial behavior that occurred. Examples of social behavior categories for this scale were; seeking the attention of another, imitating the behavior of another, issuing a direct lead to a peer or an adult, joining a group of children who are already playing, and using another person as a resource (i.e., for help or information).

**Play Observation Scale (POS):**

The Play Observation Scale measured the child's cognitive and social level of play during interactions with peers in classroom settings and other natural environments. Cognitive level of play refered to the child's engagement with objects and toys and what he/she did with those objects or toys. For example, banging an object (e.g., a wooden block) repeatedly was considered to be a "lower" level of cognitive play than using the same object in the way it was intended to be used (e.g., building a tower with blocks). The social level of play refered to the degree of sociability of the child with others who were around him/ her during play. The levels were derived from Parten's work on developmental changes in children's social participation during play. For example, if a child was playing by himself, the social level of play would be scored as "solitary play." If the child was playing near or in the company of other children, but was not interacting with those children, the social level of play would be scored as parallel play.

**Parent/Caregiver Involvement Scale (PCIS):**

The PCIS measured the amount and quality of the caregiver's involvement with the child on constructs such as physical involvement, verbal involvement, responsiveness, and teaching. This scale provided information about the **caregiver's** manner of interacting with the child. Appendix C contains the coding manuals for the Play Observation Scale, the Individual Social Behavior Scale, and the Parent/Caregiver Involvement Scale.

### Reliability

Two types of inter-observer reliability were collected during the data collection, data coding, and data entry procedures. Reliability measures for data collection included, the Battelle Developmental Inventory, the environmental rating scales (i.e., ITERS, ECERS, and Family Daycare Rating Scale), and the Activity Log. Reliability measures for data coding included, ISB, POS, PCIS and IFSP analysis. The assessment measures mentioned above were completed by two people for 20% of the data collected every month. Individual children were chosen based on the pool of children reaching an age point each month. The reliability child was chosen by scanning the random numbers table for the participant numbers of the eligible children. Children were only chosen twice as reliability. The data coding was completed by two independent coders for 20 of all protocols.

# IV. Record Keeping

### Identification Number

Each child was assigned an identification number at the initial intake. ID numbers ran sequentially starting with number 101. A child's data was stored in the computer under his/her identification number, therefore it was imperative to be sure that each child was assigned a number and it was used correctly and accurately. Upon intake of a new participant, the person entering and tracking the data was informed of the child's name, ID #, and to which group the child had been assigned.

### Filing of Forms

All completed data forms were placed in the file drawer titled, "Social Comp-Data To Be Entered" and into the child's individual folder. Once the data was entered into the computer, it was stamped as "entered" and returned to the drawer marked "return data here" located in the social competence project office. The data was then filed into the child's personal notebook. If, for any reason, any data were not collected, a Missing Data Form was completed with exactly what was missing, and filed in with the age point data to be entered, or left in the data entry person's mailbox.

### Children's Notebooks

A personal profile notebook was maintained for each child participating in this project. The notebook contained all data collection forms that had been entered and then filed into the proper category within the notebook (at the beginning of each notebook was a list of the contents and the location where each form is to be filed, appendix D provides a copy of the table of contents for each notebook). All of the notebooks were stored sequentially according to the participant ID number in the social competence project office. These notebooks served as the original source of participant information and data, therefore it was essential that they were accessible, accounted for, and updated and consulted on a regular basis.

A Curriculum Notebook was also maintained for each child in the curriculum group. These binders housed copies of the child's objectives, all completed implementation data forms, and notes from program meetings. These notebooks were kept in the project coordinator's office.

## Directions

Directions to each participant's home and group setting/school program were kept in a notebook for easy reference. The notebook was labeled "Directions" and was located in the research assistant's office. This notebook was also updated and consulted as needed.

# V. Scheduling

## Scheduling of Site Visits

One month prior to the child's age point visit, both the caregiver and the school were contacted to set up exact dates and times for data collection.

## Calendar of Visits

A three year calendar was maintained by the project coordinator. It contained all future dates for home and school visits by month. For example, if a child's 2 year birthday was in May, their name and age point would appear in the month of November and again in May, until all data had been collected. This was done to ensure a timely data collection process.

## VI. Data Collection Packets

Project staff organized the necessary forms and materials in preparation for initial intakes and each month's scheduled visits. **Each page of each form** was labeled with the child's identification number and age using a rubber date stamp and stamp pad. The information looked like this, 101 24.

**Program Data Collection**

Program data collection visits required the following forms and measures.

**Data Collection-Program**

| Data Collection Form | 24 | 30 | 36 | 42 |
|---|---|---|---|---|
| Informed Consent | ✓ | | | |
| Play Profile | ✓ | | | |
| Friendship Survey for Teachers | ✓ | ✓ | ✓ | ✓ |
| Social Competence Strategies Profile | ✓ | ✓ | ✓ | ✓ |
| Social Status Questionnaire | ✓ | ✓ | ✓ | ✓ |
| Teacher Satisfaction Survey(intervention only) | | ✓ | ✓ | ✓ |
| Video Release Forms | ✓ | C* | C | C |
| Assessment of Peer Relations | ✓ | ✓ | ✓ | ✓ |
| Classroom Profile | ✓ | ✓ | ✓ | ✓ |
| Stipend Form | ✓ | ✓ | ✓ | ✓ |
| Activity Log | ✓ | ✓ | ✓ | ✓ |
| ITERS/ECERS/Family Day Care | ✓ | ✓ | ✓ | ✓ |
| Video of Classroom Free Play | ✓ | ✓ | ✓ | ✓ |

**Home Data Collection**

Home data collection visits required the following forms and measures.

**Data Collection-Home**

| Data Collection Form | 24 | 30 | 36 | 42 |
|---|---|---|---|---|
| Day Program Contact Sheet | ✓ | | | |
| Informed Consent Letter | ✓ | | | |
| Play Profile | ✓ | | | |
| Family Interview | ✓ | | | |
| Child Behavior Checklist | ✓ | ✓ | ✓ | ✓ |
| Family Support Scale | ✓ | ✓ | ✓ | ✓ |
| Friendship Survey for Parents/Caregivers | ✓ | ✓ | ✓ | ✓ |
| Parent Satisfaction Survey (intervention only) | | ✓ | ✓ | ✓ |
| Personal Network Matrix | ✓ | ✓ | ✓ | ✓ |
| Social Network Questionnaire | ✓ | ✓ | ✓ | ✓ |
| Support Services | ✓ | ✓ | ✓ | ✓ |
| Stipend Form | ✓ | ✓ | ✓ | ✓ |
| Child Intervention History | ✓ | C* | C | C |
| Family Demographics | ✓ | C | C | C |
| Video of Parent/Caregiver Interaction | ✓ | ✓ | ✓ | ✓ |
| Battelle Developmental Inventory | ✓ | ✓ | ✓ | ✓ |

*"C" indicates a changes only form. This process was implemented to make data collection as quick a process as possible. Specific forms collected information that stayed consistent throughout the child's involvement in the project. When completing a changes only form, a copy of the form from the last age point was brought to the visit. The project staff person went through the form with the family. If there had been no changes since the previous age point,

"no changes" was written on the top of the form. If there had been changes the new information was written on the form and "changes only" was also added to the top of the form.

## Intervention Planning

Throughout their participation, the facilitation of social competence for children in the curriculum group, occurred at home and at their program. As a result, intervention planning meetings were held at the child's program and at their home. The first intervention planning meeting occurred at the program and was divided into two parts, the orientation session and the intervention planning meeting.

## Orientation Session

After initial data collection was completed for a child assigned to the curriculum group, the research assistant set up a meeting to introduce the curriculum. Those present at this orientation session were the parent(s), the child's day care provider, the child's service coordinator, and the project coordinator. The meeting usually occurred at the child's program but could take place anywhere the group chose. This orientation session served as a question and answer period for those who would be implementing the curriculum. The team (i.e., the program leader, early intervention provider(s), parents and project staff) members were given a "Play Tools for Toddlers Curriculum Overview" (see Appendix E) which highlights the main points of the curriculum and was used as an outline for the training. Once the Curriculum Overview was discussed the group completed the Assessment of Peer Relations. A familiarity with the curriculum of all those who would be implementing it ensured that it was carried out in the most effective manner. Orientation sessions were held individually for each child and were therefore small and informal.

Agenda for Orientation Sessions:

- Introductions
- Review The Play Tools for Toddlers Curriculum Overview
- Complete the Assessment of Peer Relations
- Answer any questions
- Schedule the intervention planning meeting

## Intervention Planning Meetings

Within 2 weeks of the Orientation Session an intervention planning meeting occured. At this meeting participants developed an individualized intervention program based upon the child's unique strengths and needs. To prepare for this meeting The Play Tools for Toddlers Intervention Planning Form was used to record assessment information obtained from the APR, The Play Profile, observations, and other assessments. This form helped organize all of the information about the child and assisted in the development of priority outcomes and objectives.

The following persons were present during the planning meeting:

- Project staff person(s)
- The child's parent(s)
- Day program provider
- The child's service coordinator

## During the meeting:

- A summary of the child's strengths and concerns in each of the areas of the APR was presented. This discussion began by defining each of the areas of the APR for the meeting participants. The meeting participants then shared their knowledge of the child's development in each of these areas. All of this information was recorded on the Intervention Planning Form.

- Information regarding any communication or mobility delays and their impact on the child's social competence was also noted under the rows marked "Communication Mode" and "Mobility Skills".

- Once the team had decided upon priority outcomes and objectives for the child they were recorded under the row marked "Priority IFSP Outcomes"

- Information regarding appropriate teaching strategies, especially motivating materials, and adaptations was listed under the row marked "Materials/Strategies/Adaptations". Reviewing the child's Play Profile and Family Interview provided additional information for intervention planning.

- Next an Activities-Outcome Matrix was completed to determine when the child's social competence outcomes would be addressed throughout the daily activities within the child's day program.

- Once general outcomes had been identified, the Outcomes and Short-term Objectives Form was used to operationalize each of the outcomes. Team members collaboratively defined specific objectives for each outcome including conditions, measurable and observable behaviors, and clear criteria for achieving the objective.

- Finally, teaching procedures (i.e., least to most assistance, graduated guidance, time delay) were discussed and decided upon.

**Immediately After the Day Program Intervention Planning Meeting:**
After each Intervention Planning Meeting a Curriculum Handbook for each child was developed. This Handbook provided the child's day program staff with all of the information they needed to implement the child's individualized social competence curriculum. The Curriculum Handbook included the following:

- An Important Information introductory cover page that lists all of the team member's names and phone numbers
- Summary of assessment results using the Intervention Planning Form
- A completed Activities-Outcomes Matrix
- Completed Outcomes and Short-Term Objectives forms developed during the Intervention Planning Meeting
- Appropriate teaching procedures for the child. See The Play Tools for Toddlers Social Competence Curriculum for detailed information regarding appropriate teaching strategies

- A completed Instructional Procedures Form for each identified objective. This information was obtained by first locating the identified outcome in The Play Tools for Toddlers Curriculum and then individualizing any instructional procedures specific to the individual child and setting. The last column on this form was used to record any additional teaching procedures, strategies, materials, etc.

Intervention Data Collection Forms were used for collecting data on identified objectives. Data collection forms were completed by project staff with activity and objective information prior to giving them to the day program staff. Additional copies of these data collection forms were placed in the child's Curriculum Handbook for ongoing data collection purposes. Appendix F contains a copy of the Curriculum Handbook.

**Once the Curriculum Handbook had been completed:**

A copy of the Curriculum Handbook was made for the child's file.

- A meeting was scheduled at the child's day program to discuss and review the child's Curriculum Handbook,
- The child's service coordinator was contacted to ensure that the agreed upon outcomes and objectives would be included in the child's IFSP.

### Program Visits

Program visits were an opportunity to ensure accurate data collection procedures, model appropriate intervention strategies, answer questions, and problem solve with day program personnel.

Program visits were completed weekly. During those visits the project staff implemented the teaching procedures and gathered data for each objective. After each visit a Program Intervention Visit Log was completed. Appendix G contains a copy of this log. This information was then given to the project coordinator who reviewed it and placed it in the child's binder.

**Home Intervention Planning Meeting**

After the Day Program Intervention Planning meeting, a meeting with the child's family was scheduled to plan home intervention strategies. Before the meeting the Family Interview and The Play Profile were reviewed to begin to identify the family's priorities for home intervention planning. Additional information was also obtained from the caregiver-child video, and the Child Behavior Checklist. During the Home Intervention Planning meeting the following points were discussed with the family:

- Family priorities as identified through the Family Interview and Play Profile
- Additional priorities the family may have had for home intervention

Review of the 4 priority areas in The Family Handbook. Appendix H contains a copy of the Family Handbook

The Play Tools for Toddlers Family Handbook Activity Plan was used to record the following information for each agreed upon outcome:

- Outcome
- Steps or activities toward reaching outcome
- Procedures/Strategies
- Materials
- How often the family would work on the identified outcome
- When the family would work on the identified outcome
- How the family would know if the intervention was working

The Play Tools for Toddlers Family Handbook Activity Diary was designed for families to record information about their intervention efforts on a weekly basis.

Families were asked to record the following information for each identified outcome on a weekly basis:

- What happened
- What went well
- What would have made it even better
- Next steps

**After the Home Intervention Planning Meeting:**

- The Family Handbook was completed for the child's family.
- A copy of the Family Handbook was made for the child's file.
- A home visit was arranged to review the Family Handbook with the family, to ensure that family member(s) understood how to collect data on their child's progress using the provided activity diaries.
- Family data collection was requested to be completed for each outcome one time per week.
- Visits to the family's home were scheduled every two weeks to review the child's progress, model appropriate intervention procedures, problem solve and collect/review activity diaries or matrices.
- After each visit a Family Intervention Visit Log was completed. Appendix I contains a copy of the Family Intervention Visit Log.

All completed home data was given to the project coordinator who reviewed it and filed it in the child's binder.

**Changes in a child's program or home outcomes**

As children progress, changes in their outcomes needed to be completed. Another Intervention Planning Meeting was held using the format described in the Intervention Planning Meeting section.

## REFERENCES

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Dunst, C., Jenkins, Trivette, C. (1988). Family Support Scale. In Dunst, C., Trivette, C., & Deal, A. (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, MA: Brookline Books.

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## List of Appendices

**A** Social Competence Curriculum Project Brochure and Flyer
**B** Data collection forms
**C** Coding manuals for the Play Observation Scale, the Individual Social Behavior Scale, and the Parent/Caregiver Involvement Scale
**D** List of contents for binder
**E** Curriculum Overview
**F** Curriculum Handbook
**G** Program Intervention Visit Log
**H** The Family Handbook
**I** The Family Intervention Visit Log

# APPENDIX A

**If you are interested in participating or would like more information, please complete this form and mail to:**

**Anne Marie Davidson**
Project Coordinator

Division of Child and
Family Studies
Department of Pediatrics
University of Connecticut
Health Center
263 Farmington Avenue
MC 6222
Farmington, CT 06030

OR

**Call: (860) 679-1568**

Name: ____________________

Address: __________________

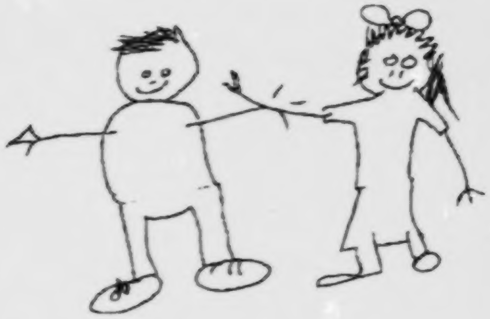
___________________________

___________________________

Phone: ____________________

University of Connecticut Health Center
Division of Child and Family Studies
263 Farmington Avenue
Dowling North, MC 6222
Farmington, CT 06030

# EVERYBODY NEEDS A FRIEND...



The University of Connecticut Health Center, Division of Child and Family Studies is conducting a project funded by the U.S. Department of Education.

This project will study the effectiveness of a curriculum designed to promote the social competence of children with disabilities.

## What is Social Competence?

A child's ability to successfully and appropriately interact with others.

## Did You Know?

Not all children have the opportunity to successfully interact with their peers.

## Why Toddlers?

It has been suggested that the period between 16 and 32 months of age represents a significant period in the growth of social development.

## We are looking for children who are:

- ☐ Between 18-24 months of age
- ☐ Currently receiving Early Intervention services or currently experiencing delays in their social development
- ☐ Currently enrolled (or considering enrollment). in a group setting with typical children (e.g., child care, playgroup) at least 2 days per week

**Your participation in this project will be completely confidential**

# • ATTENTION •

## Parents, educators, and early intervention providers

We are looking for toddler age children who are receiving early intervention services to participate in the development of a curriculum on **SOCIAL COMPETENCE.**

To be eligible for the project, a child must be:

☆ Currently enrolled (or considering enrollment) in a group setting with typical children (e.g., childcare, play groups)

☆ Between 18 and 23 months of age

Children will be videotaped in their classrooms/playgroups as they participate in activities. They will also receive developmental assessments. Participation in the project is completely confidential. There will be a stipend given in appreciation of your participation.

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For further information, please complete and mail to:
Anne Marie Davidson
University of Connecticut Health Center
Child and Family Studies
263 Farmington Avenue
Farmington, CT 06030
or call: (860) 679-8007

Name: ______________________________

Address: ______________________________

______________________________

Phone Number: ______________________________

# APPENDIX B

# ACTIVITY LOG (7/97)

Child's Name:______________________ Age:__________ Date:______________________

Program/Class/Teacher:______________________________ Rater's Name:__________________

| TIME | CHILD'S ACTIVITY/ DESCRIPTION | Age Appr + or - | Dev Appr + or - | Eng. Appr? + or - | # of Children | # of Adults | Adult(s) Involved? | Primary Adult(s) | Role of Adults | CLASS ACTIVITY |
|---|---|---|---|---|---|---|---|---|---|---|
| 10 Mins.<br>______ | | | | | | | | | | |
| 20 Mins.<br>______ | | | | | | | | | | |
| 30 Mins.<br>______ | | | | | | | | | | |
| 40 Mins.<br>______ | | | | | | | | | | |
| 50 Mins.<br>______ | | | | | | | | | | |
| 60 Mins.<br>______ | | | | | | | | | | |

CODES for ROLE OF ADULTS: 3 = ADULT DIRECTED; 2 = ADULT SUPPORTED; 1 = MONITORING

## ACTIVITY LOG - Page 2 (7/97)

Child's Name:______________________ Age:__________ Date:____________________

Program/Class/Teacher:______________________________ Rater's Name:______________

| TIME | CHILD'S ACTIVITY/ DESCRIPTION | Age Appr + or - | Dev Appr + or - | Eng. Appr? + or - | # of Children | # of Adults | Adult(s) Involved? | Primary Adult(s) | Role of Adults | CLASS ACTIVITY |
|---|---|---|---|---|---|---|---|---|---|---|
| 70 Mins.<br>______ | | | | | | | | | | |
| 80 Mins.<br>______ | | | | | | | | | | |
| 90 Mins.<br>______ | | | | | | | | | | |
| 100 Mins.<br>______ | | | | | | | | | | |
| 110 Mins.<br>______ | | | | | | | | | | |
| 120 Mins.<br>______ | | | | | | | | | | |

**CODES for ROLE OF ADULTS:** 3 = ADULT DIRECTED; 2 = ADULT SUPPORTED; 1 = MONITORING

# ACTIVITY LOG - Page 3 (7/97)

Child's Name:____________________ Age:________ Date:__________________

Program/Class/Teacher:____________________________ Rater's Name:______________

| TIME | CHILD'S ACTIVITY/ DESCRIPTION | Age Appr + or - | Dev Appr + or - | Eng. Appr? + or - | # of Children | # of Adults | Adult(s) Involved? | Primary Adult(s) | Role of Adults | CLASS ACTIVITY |
|---|---|---|---|---|---|---|---|---|---|---|
| 130 Mins.<br>____ | | | | | | | | | | |
| 140 Mins.<br>____ | | | | | | | | | | |
| 150 Mins.<br>____ | | | | | | | | | | |
| 160 Mins.<br>____ | | | | | | | | | | |
| 170 Mins.<br>____ | | | | | | | | | | |
| 180 Mins.<br>____ | | | | | | | | | | |

CODES for ROLE OF ADULTS: 3 = ADULT DIRECTED; 2 = ADULT SUPPORTED; 1 = MONITORING

# Activity Log Codes

(Updated by Kerry De Benedictis on 2/23/98)

The Activity Log is a tool for observing the child's activities in the classroom. It provides information about the activity in which the child is engaged, including whether the activity is developmentally appropriate and age appropriate. It also asks whether the child is engaged appropriately, the number of children involved in the same activity as the target child, the number and role of the adults involved in the activity, and the dominant activity of the entire group of children in the class.

**A Few Important Notes:**

1. The total length of the observation period should be 3 hours unless the child attends the program for a shorter period of time. Do not begin recording activity log data until the child has arrived at the program. For example, if the program begins at 9:00 a.m. and the child arrives a 9:15 a.m., begin recording data once the child has arrived.

2. Decisions about each aspect of the child's activities are made every 10 minutes of classroom time. The first decision for the entire observation period is made 10 minutes after the child arrives. For example, if the child arrives at 9:00 a. m. , the first codes should be recorded at 9:10 a. m.

3. The observer records codes for each category based on what the child is doing at a single point in time rather than across the entire ten minutes. The observer should try to obtain a general impression of what is occurring at each observation point. A helpful hint: The observer should first decide on which adults are involved with the child and what their roles are before scoring the child's activity, class activity, the age and developmental appropriateness of the activities and whether the child is engaged appropriately.

4. The child's activity will be recorded as well as the dominant activity that best describes what the entire class is doing at a particular time. For example, the child may be washing his hands while the rest of the group is using finger paints. The child's activity code would be recorded as "Routine Care" while the class activity code would be recorded as "Themed Structured Activity". Use the numerical codes to record the child's activity and the classroom activity.

5. Be sure to ascertain each adult's role in the classroom so that adult codes will be recorded accurately.

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## Definitions for Activity Log Codes

### Child Activity

This category describes the classroom activity in which the target child is involved at a given point in time. The observer should record the activity in which the child is engaged using the codes below. Use the codes below to indicate the child's activity.

1. **Free Play:** Children are able to choose toys, activity centers, materials, etc. with which to play. This can occur indoors or outdoors. The key feature of free play is that children are able to choose their activities and/or the materials they wish to use.

2. **Themed Structured Activity:** A teacher-directed activity. Some examples are circle time, the teacher reading a story to a group of children, music activities, art activities. This is differentiated from the category Free Play by the fact that it is a teacher-directed activity, rather than child-initiated.

3. **Routine Caregiving:** Includes diaper changes, toileting, dressing, comforting, hand washing, grooming, etc.

4. **Transition:** When the child is participating in a transition from one activity to another. Examples include setting up materials for a new activity (moving chairs or mats for circle time), waiting in line to go outside, setting out place mats for snack, putting coats on to go outside, etc. Transition should not be coded when the child disengages from a specific activity for a brief period and then becomes re involved with the same activity, or when the child is moving from one toy or activity area to another during a free play period.

5. **Snack:** The target child is eating and/or drinking with or without assistance.

**More than one code can be used for a particular point in time if the child is engaged in an activity while therapy is being administered.** For example, the child may be having snack along with the other children in the class while receiving occupational therapy. The appropriate code for this period would be 5 (Snack)/4 (OT). Similarly, the child may be receiving speech therapy while involved in story time. The appropriate code for this period would be "2 (Themed Structured Activity)/6 (Speech Therapy)". **If no therapy is being administered, record a 0 (zero) to indicate that therapy was not being administered during that activity.** For example, if the child is involved in an art activity and is not receiving therapy of any kind concurrently, record 2/0.

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Use the following number codes to indicate the type of therapy that was being administered in conjunction with another classroom activity:

**1=Specialized Instruction**
**4=Occupational Therapy**
**5=Physical Therapy**
**6=Speech Therapy**
**7=Other Early Intervention Service.**

When using double activity codes, it must be clear and apparent to the observer that some type of therapy is being delivered such as the physical therapist positioning the child correctly, the speech therapist practicing communication skills or the occupational therapist working on helping the child hold a spoon.

If ONLY THERAPY IS BEING ADMINISTERED and the child is not participating in any other classroom activity concurrently, record the type of therapy the child is receiving. For example, if the child is receiving physical therapy but is not engaged in any other classroom activity, the correct code would be 15/0. Please use the codes listed below to indicate the type of therapy being administered.

| | |
|---|---|
| 11 | **Specialized Instruction** |
| 14 | **Occupational Therapy** |
| 15 | **Physical Therapy** |
| 16 | **Speech** |
| 17 | **Other Early Intervention** |

## Age Appropriate

The age appropriateness of an activity is defined as provisions for and the use of materials, toys, and activities that are appropriate to the age of the child, regardless of the child's skills and abilities. Age appropriate activities should be adapted to the child's capabilities. Record a "+" when the activity is age appropriate and a "-" when it is not age appropriate.

*Example for a 30 month old girl who is functioning developmentally at about a 3 month level:*

**Inappropriate:** Shaking an infant toy or rattle to stimulate her

**Appropriate:** Using a toy that is appropriate to the child's age that is available to other children in the classroom to stimulate her. (using a puppet, car, or other toddler toy rather than an infant toy)

**Inappropriate:** Providing playground equipment that is too large for toddlers to climb and requires a large amount of adult support and assistance.

**Appropriate:** Providing smaller equipment so that toddlers are able to safely climb on their own.

## Developmentally Appropriate

Developmental appropriateness pertains to the recognition that although children grow and develop in a predictable sequence or pattern during early childhood, each child is unique in terms of his/her strengths, personality, learning style, and family background. Therefore, each child differs with respect to his/her skills in the various developmental domains. Learning activities and experiences planned by teachers should accommodate the individual differences among the children in the classroom. Developmentally appropriate activities include provisions for and the use of materials, toys, and activities that are consistent with the target child's social, physical, emotional, and/or cognitive developmental (skill) level. Record a "+" when the activity is developmentally appropriate and a "-" when it is not developmentally appropriate.

Developmentally appropriate adaptations include:

a) Adapting the teacher's goals and expectations for that activity or experience based on the developmental level of the child. For example, if the children in the group are verbally indicating the color paper they would like to use, the child who cannot use a verbal signal may be asked to indicate his/her choice by gazing at the desired color or by pointing.

b) Modifying the teaching approach used by changing teaching techniques to suit the individual needs of the child, modifying the directions given, providing more support and assistance, etc. For example, the teacher may use pictures to indicate activities or their sequence, may give directions in shorter amounts, or may help the child find his/her chair at the snack table.

c) Providing postural support, appropriate positioning (use of adaptive seating) and adaptations of toys and materials. For example, the teacher may place the child in a chair that provides postural support so that s/he can participate in snack or use play dough on his/her tray.

*Example for a 36 month old boy who has delays in fine motor development:*

**Inappropriate:** providing glue in a large, heavy container which he is unable to grasp and squeeze effectively, which results in his being unable to participate in a group art activity

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**Appropriate:** providing a glue stick, or allowing him to obtain glue from an open container using a brush so that he can participate in the art activity

Engaged Appropriately

This describes whether the child is focused on the activity in which s/he is involved and is following the general classroom routine. The criteria for this category are defined by the classroom activity in which the target child is involved. Record a "+" when the child is engaged appropriately and a "-" when he/she is not engaged appropriately.

Direct Intervention
Code "+" if the child is following the adult's directions;

Code "-" if the child is not responding to the adult, crying, resisting, etc.

Free Play
Code "+" if the child is playing with toys, participating in a game, engaging in role playing or dramatic play, and/or interacting with peers;

Code "-" if the child is not focused on any toy or game, crying, wandering, etc.

Themed Structured Activity
Code "+" if the child is participating, as evidenced by singing, clapping hands, paying attention to the adult leading the activity, following directions, watching other children participate, etc.

Code "-" if the child is not focused on the activity, crying, wandering, unresponsive, etc.

Routine Caregiving
Code "+" if the child is following the teacher's directions and is participating in the routine (washing hands, eating, etc.)

Code "-" if the child is resisting, wandering, kicking his/her legs on the changing table etc.

Transition
Code "+" if the child is following specific directions given by adults, or is in general following classroom rules (waiting in line, putting away materials, etc.)

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Code "-" if the child is not participating in the classroom routine or is not following the teacher's directions, crying, wandering, unresponsive, etc. (i.e. wandering around the room instead of waiting in line)

Snack

Code "+" if the child is eating or drinking, or other wise involved in a snack-related activity such as washing his/her hands before snack, asking for more food or drink, etc.

Code a "-" if the child is not participating in snack, is unoccupied, or is wandering.

### # of Children in Activity

Count the number of children involved in the same activity as the target child. **Include the target child in the count.** For example, if the target child is involved in an art activity at a table with three other children and the rest of the class is involved in free play, the count would be 4. If all of the class is involved in free play, count the number of children in the classroom, or on the playground. If the child is playing outside and a group of children joins the child's class on the playground, include these children in the count as well.

### # of Adults

Count the total number of adults that are on the playground or in the classroom with the child. This count should include all adults even if they are not part of the child's group or class. For example, adults from other groups might be outside on the playground along with the target child's group and should be included in the count. Also include parents in the count if their role is to play along with the children in a play group setting.

### Adult(s) involved?

It is assumed that one or more adults are in the classroom at all times and are monitoring the children's activities even of they are engaged in classroom maintenance tasks such as setting out art materials or washing dishes. Adult involvement refers to the adult being a part of the activity in which the target child is involved. For example, the adult may be commenting on the child's art work during an art activity, helping a child climb the ladder to the slide during outdoor play, or rolling a ball back and forth during free play. This is a yes/no question which precedes scoring Primary Adults and Role of Adults. If no adult(s) is/are involved with the target child, a "-" should be recorded. If an adult is involved with the target child a "+" should be recorded. This includes monitoring of the child's activities or play in close physical proximity such as watching the child as he/she climbs onto a riding toy or digs in the sand.

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## Primary Adults

Each adult that is involved in the activity that the child is involved in should be listed here. If the child is involved in free play, the adult(s) that is/are in close proximity to the child (sitting at the table with the child, standing or sitting near the child, etc.) or who are interacting directly with the child should be listed. Use the number codes below to indicate the primary adults. The individual who is in charge of facilitating the program will be recorded as T (Head Classroom Teacher/Program Facilitator) for programs that do not have a teacher (such as Library Story Hour, Swimming, Mommy & Me play groups). If an individual who is the program facilitator or is "in charge" of the program is also an special educator or other early intervention service provider, this individual should be recorded as **T.**

1. T = Head Classroom Teacher/Program Facilitator
2. A = Classroom Aide/Assistant Teacher/Program Assistant
3. SE = Special Educator
4. OT = Occupational Therapist
5. PT = Physical Therapist
6. ST = Speech Therapist
7. O = Other (specify)

## Role of Adults in Activity

This category describes the manner in which the adult(s) is(are) involved with the target child. **This should be coded for each adult that is listed as a primary adult.**

1. **Monitoring (M):** The adult is not interacting directly with the child but is involved in watching over the activities or the children such as watching what the child is doing, observing the child's behavior, etc.. The adult who is monitoring is usually in close proximity to the child. This includes monitoring free play, snack, outside play, art activities, etc.

2. **Adult Supported (AS):** This is coded when the adult is responding to the child's ideas or verbalizations (e.g. child points to a toy and says "truck" and the adult responds "Yes, that's a big dump truck. We can fill it up with sand."). It is also coded when the adult is asking open-ended questions such as "Where are you going in that car?" and "What should we make with the play dough?". Facilitating the child's play (e.g., handing a toy to the child, giving the child a choice of toys, making suggestions about what to play with) and facilitating social behavior with peers is also coded.

## New Codes for Activity Log -- Primary Adults

1 Classroom Head Teacher
2 Classroom Aide/Assistant
3 Special Educator
4 Occupational Therapist
5 Physical Therapist
6 Speech Therapist
7 Other
11 Classroom Head Teacher (2)
12 Classroom Head Teacher (3)
13 Classroom Head Teacher (4)
21 Classroom Aide/Assistant (2)
22 Classroom Aide/Assistant (3)
23 Classroom Aide/Assistant (4)
31 Special Educator (2)
32 Special Educator (3)
33 Special Educator (4)
41 Occupational Therapist (2)
42 Occupational Therapist (3)
43 Occupational Therapist (4)
51 Physical Therapist (2)
52 Physical Therapist (3)
53 Physical Therapist (4)
61 Speech Therapist (2)
62 Speech Therapist (3)
63 Speech Therapist (4)
71 Other (2)
72 Other (3)
73 Other (4)

# ASSESSMENT OF PEER RELATIONS

Michael J. Guralnick, Ph.D.
Child Development and Mental Retardation Center
University of Washington
Seattle, WA 98195

Child's name: ____________________
Date(s) of observation: Section I ____________
Section II ____________
Section III ____________
Observer(s): ____________________

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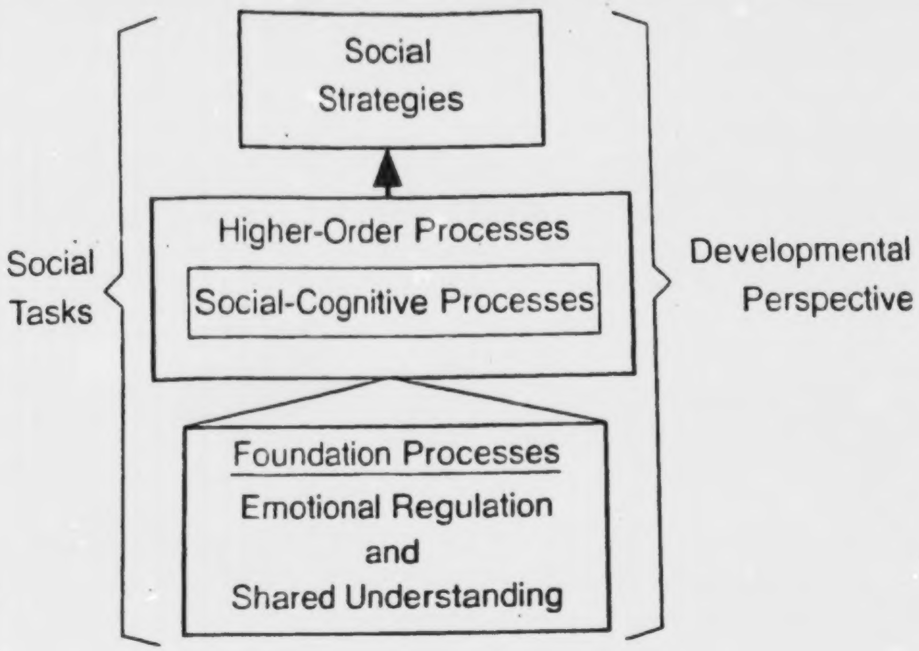
# INTRODUCTION

The Assessment of Peer Relations is the first of five components designed to improve the peer-related social competence of young children (3-5 year olds). The five components are as follows: (1) Assessment of Peer Relations; (2) Peer Intervention Program; (3) Child's Social and Family Environment; (4) Handbook of Intervention Activities; and (5) Glossary and Bibliography. Although originally intended for children at risk or those with disabilities, the approach represented here is likely to be of value to all children experiencing problems in establishing and maintaining successful and productive relationships with their peers.

The philosophical basis for this approach to peer-related social competence is rooted firmly in the principles of general child development, and relies extensively on information obtained on the sequence, organization, and structure of children's peer relations within this framework. In addition, it conceptualizes children's peer relations as being governed by a series of important processes that, in concert, determine the quality of a child's relationships with peers. Once these processes are understood for an individual child, they can provide a vital guide for developing intervention strategies. In particular, this understanding requires a recognition of the involvement of cognitive and emotional processes as well as the interaction between the two. Although a child's peer relations are assessed in preschool, nursery school, or daycare settings as presented in this manual, family and community influences are evaluated as part of the overall program. Both child and family/community factors are included as part of the intervention component.

The Assessment of Peer Relations (APR) found in this manual is designed to serve both educational and clinical purposes. It is educational in the sense that it is intended to communicate the idea that forming successful peer relations is an integrative process, one that depends extensively on fundamental developmental abilities, skills, and processes. Accordingly, in the first section, general information about the nature of the child's observed peer interactions is obtained in conjunction with an assessment of processes that form the essential foundations for appropriate and effective peer interactions to occur. Specifically, the Foundation Processes of Shared Understanding and Emotional Regulation are of interest. Information is then obtained with respect to developmental issues associated with the child's cognitive, language, affective, and motor development. Of special interest is the influence of the profile of strengths and concerns in these domains on peer relations. To complete this section, a bridge between assessment and intervention is provided in the form of a series of summary statements referred to as special considerations.

The second section of the APR is organized in terms of three social tasks important to young children: (1) peer group entry, (2) conflict resolution, and (3) maintaining play. From observations of children engaging in these social tasks, assessments are obtained initially of the child's use of social strategies specific to each task. These observations then form the basis for determining the influences of underlying processes on social strategies of concern. The first is the foundation process of emotional regulation now considered specific to each social task. The second consists of those component processes children employ in a particular social exchange to generate a social strategy. Put another way, we are attempting to evaluate how children think about a particular problem during interactions with peers, i.e., social-cognitive processes. Third, an assessment is made of the child's ability to both recognize specific social tasks and consistently and effectively pursue those tasks over time. It is these higher-order processes that are the keys to sustained interactions with one's peers. The figure on page ii illustrates these relationships. Finally, a Special Considerations summary component related to the social tasks in this second section is also provided.


Social Strategies
Higher-Order Processes
Social-Cognitive Processes
Foundation Processes
Emotional Regulation and Shared Understanding
Social Tasks
Developmental Perspective

This assessment instrument is also a clinical tool in that it is designed to help organize how educators and clinicians think about the complex factors that influence young children's peer relations. In essence, the assessment process is intended to guide clinical judgment to assist in formulating the most likely hypotheses with regard to why children may be experiencing difficulties in peer relations. Having accomplished that, this developmental and clinical information can be used as a basis for designing intervention programs. It is hoped that an understanding of the integrative nature of children's peer interactions and the role of processes will lead to a more effective individualized intervention program.

As a clinical tool, the assessment depends extensively on the judgments of those carrying out the observations. No numbers or cutoff scores are generated by the Assessment of Peer Relations. It assumes that, through informal or formal observations as well as information obtained from developmental checklists or standard rating scales, a decision has been reached that programs should be designed to enhance a particular child's relationships with peers. Accordingly, this assessment is intended to serve as the step subsequent to the identification that concerns exist. Moreover, this process is designed to enhance the knowledge of those who work with young children, and keeps decision-making fully in their hands. It is important to emphasize that the expectations and judgments of those using the instrument must be considered within the framework of the child's developmental level. It is from that perspective that a clear understanding of the child's peer-related social interactions will emerge.

Finally, it is important to note that research has clearly demonstrated that children with disabilities, irrespective of their nature, are at much greater risk of manifesting significant difficulties in establishing relationships with their peers. The close correspondence between peer relations and other aspects of development such as communication, as well as the connection between the peer interactions of young children and future life adjustment, provide a sense for the importance and urgency for improving the peer relations of children with disabilities. Moreover, in many ways, difficulties in peer-related social competence are barriers to children's acceptance into peer groups, thereby profoundly affecting a child's full inclusion into the social community.

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## 3. FOUNDATION PROCESSES

The foundation processes of the child's ability to regulate emotions during interactions with peers and the extent to which aspects of a shared understanding exist are evaluated here. These two scales reflect the importance of both emotional and cognitive factors in the success of children's peer interactions. Shared understanding in particular is linked to the child's overall developmental level, and establishes the basis from which an intervention program can be constructed.

### Emotional Regulation (general)

Clearly, play is often an emotional activity, providing the energy found in social exchanges. However, emotional reactions can trigger a variety of interfering patterns as well, preventing social play from occurring, diminishing its quality, or abruptly ending an interaction. In the next major section, more specific evaluations of emotional regulation in the context of social tasks will be obtained, including the particular circumstances in which emotional regulation problems may arise. However, at this point, only an overall assessment of general patterns or tendencies that are apparent are of interest.

| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| 1. Becomes anxious when approached by others as indicated by gestures, facial expressions, or active withdrawal [anxious] | | | | |
| 2. Vehemently rejects social overtures by peers [rejects] | | | | |
| 3. Plays with considerable enthusiasm and expressiveness [enthusiasm] | | | | |
| 4. Becomes angry or hostile during interactions with peers [hostile] | | | | |
| 5. Hovers around others in play, vacillating between approaching and withdrawing [vacillates] | | | | |
| 6. Responds positively by reciprocating in some reasonable way to the initiations of others [reciprocates] | | | | |

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| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| 7. Responds with a positive but muted or delayed reaction to interactions of peers [delayed response] | | | | |
| 8. Interactions during exchanges with peers seem to occur quickly and without much thought [impulsive response] | | | | |
| 9. Becomes disorganized and upset during interactions with peers [disorganized] | | | | |
| 10. Becomes calm after upset in a reasonable period of time [settles] | | | | |

# Shared Understanding

The appropriateness and ultimate effectiveness of a child's interactions with peers depend upon important shared understandings. Unless both the child and his or her peers have a shared understanding of the task or activities at hand, a common awareness of prevailing social rules, and agreed upon patterns of interaction, coherent, connected, and relevant exchanges are not likely to occur. Knowledge of the sequences of events found in common activities such as baking or grocery shopping or the actions of fictional characters provides a conceptual basis for social play among peers. Shared understanding is essential for connectedness to occur, provides a structure that reduces cognitive demands on participants yet allows for creative exchanges, and serves as the context for the transformations that occur during pretend play. By observing the child's play with peers or, as may well be the case, through adult structured play themes, you are asked to evaluate the extent to which the child is able to demonstrate an understanding of the sequence and structure of these everyday scripts.

This section of the assessment asks you to make an overall evaluation of the child's ability to recognize different aspects of shared understanding. Often failures to achieve a shared understanding will result in some form of conflict. At best, the children may persist during this conflict and attempt to establish a common ground. Consequently, concepts associated with the social rules of ownership and turn-taking are included in this section.

| **Social Rules** | **Rarely** | **Sometimes** | **Often** | **Almost Always** |
|---|---|---|---|---|
| 1. Appears to understand the concept of ownership as evidenced by the nature of the child's requests (permission), justifications for child's own behavior (claims), or behaviors (returns object) [ownership] | | | | |
| 2. Appears to understand general classroom rules regarding sharing and turn-taking with peers [turn-taking] | | | | |
| 3. Recognizes that children have different skills and abilities and adjusts requests and other communications accordingly [adapts to skills] | | | | |
| 4. Appropriately varies style of interacting depending upon whether peer is unfamiliar (e.g., less demanding of strangers) or familiar (including friends) [adapts to companion status] | | | | |

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| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| **Pretend Play Complexity and Diversity** | | | | |
| 1. Engages in pretend play using simple single actions [simple actions] | | | | |
| 2. Uses multiple actions in pretend play [multiple actions] | | | | |
| 3. Engages in organized, coherent, and elaborated pretend play sequences [elaborated actions] | | | | |
| 4. When involved in multiple or elaborated actions, child exhibits considerable diversity [diversity] | | | | |
| 5. Adapts pretend play interactions in accordance with changing demands of the evolving pretend play theme [adapts/pretend] | | | | |
| **Everyday Events** | | | | |
| 1. Demonstrates either through actions or descriptions a basic knowledge of shared themes involving everyday events similar to other children in the program (e.g., birthday party, lunch, circle time, grocery shopping, baking cookies) [scripts] | | | | |
| 2. Scripts of these everyday events have a well-developed sequential character [temporal order] | | | | |
| 3. Scripts agree with others on the main actions of the activity [agree scripts] | | | | |

# C. DEVELOPMENTAL ISSUES

Gaining a sense for the child's general functioning in various key developmental domains is essential information for any assessment/intervention program focusing on peer-related social competence. Information about a child's developmental status is obtained from standard diagnostic and assessment batteries that may have been administered by specialists or by teaching or resource staff. It is extremely important to gain an understanding of the child's general developmental level, including areas of strength and concern, in each of the domains below. Please consider your assessments of these domains in terms of their potential influence on the child's peer relations.

1. **Language development** - provide a summary of the child's level of receptive and expressive language. Also note any articulation difficulties or other problems with intelligibility, voice, or fluency.

2. **Cognitive development** - provide a summary of the child's general cognitive level including available intelligence test results and any information regarding the child's ability to attend and process complex information.

3. **Affective development** - provide an estimate of the child's ability to recognize anddisplay emotions. Include assessments of the speed and vigor with which these emotions are usually displayed and any problems the child might have in regulating his/her affect.

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4. **Motor development** - provide information about the child's motor development with special reference to mobility and ability to gesture.

________________________________________

________________________________________

________________________________________

________________________________________

5. **Other child characteristics** - note any special characteristics of the child that do not fit into the previous domains but are likely to be relevant to the child's ability to form and maintain peer interactions. Hearing or visual impairments, unusual facial features, the stature of the child, or similar characteristics should be described below.

________________________________________

________________________________________

________________________________________

________________________________________

6. **Developmental strengths** - highlight specific strengths in development this child exhibits that would be valuable in designing peer-related intervention programs.

________________________________________

________________________________________

________________________________________

________________________________________

# SPECIAL CONSIDERATIONS

## OVERVIEW, FOUNDATION PROCESSES, AND DEVELOPMENTAL ISSUES

This final portion of Section I calls for a summary of the Overview, Foundation Processes, and Developmental Issues. In essence, you are asked to determine if these behavior patterns, processes, or developmental issues warrant **special consideration** when developing intervention approaches. This summary may also highlight any inconsistencies such as when the child tends to play alone almost exclusively but is highly successful in gaining positive responses from peers when choosing to initiate. In many respects, these special considerations constitute a bridge between assessment and intervention and will provide the basis for designing intervention objectives.

## A. OVERVIEW

### Involvement

Areas of concern: ______________________________

______________________________

______________________________

______________________________

Areas of strength: ______________________________

______________________________

______________________________

______________________________

### Purpose of Initiations

Areas of concern: ______________________________

______________________________

______________________________

______________________________

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Areas of strength:

## Success of Initiation

Areas of concern:

Areas of strength:

# B. FOUNDATION PROCESSES

## Emotional Regulation

Areas of concern: ______________________________

Areas of strength: ______________________________

## Shared Understanding

Social Rules (concerns and strengths): ______________________________

Everyday Events (concerns and strengths): ______________________________

Pretend Play Complexity and Diversity (concerns and strengths): ______________________________

## C. DEVELOPMENTAL ISSUES
## (consider possible effects on peer interactions)

Areas of concern: ____________________

Areas of strength: ____________________

# Notes or Brief Summary

**STOP**

After completing Section I, go to the **Peer Intervention Program** and begin designing interventions to improve child's **involvement** in peer interactions.

# SECTION II

## SOCIAL STRATEGIES AND SOCIAL TASKS

In the previous section of the Assessment of Peer Relations, an overview of the extent to which children participated in interactions with one another was obtained in conjunction with an evaluation of the foundation processes of emotional regulation and shared understanding. Developmental issues in relation to the child's peer relations were also considered. Together, this information formed the basis for the Involvement phase of the intervention.

In this section, we now focus on how children solve problems associated with important social tasks. It is this information that will be used to develop interventions for the Enhancement phase of the Peer Intervention Program. In many ways, these tasks can be considered as longer-term goals involving sequences of social exchanges. The three social tasks that have been identified for this assessment as being important in young children's lives are: (1) peer group entry; (2) conflict resolution; and (3) maintaining play.

To assess a child's ability to appropriately and successfully engage in social tasks, we must move to another level of understanding of peer relations. In essence, our concern now is the appropriateness and effectiveness of specific social strategies that occur in the context of social tasks. Whether children compromise or negotiate during a dispute, escalate play at the right time during a social exchange, or use approaches to gain entry into a group that are harmonious with those of their peers are examples of social strategies of interest.

# A. Peer Group Entry

One of the most difficult and important tasks for children to accomplish, both in new social groups and in familiar social groups, is initiating an interaction to enable a child to enter an existing playgroup. In typical social situations, two or more children may be playing together (referred to as hosts) and another child finds the peers or the activity of interest and wishes to participate. Another entry situation may involve a single host child playing actively but alone with materials or toys. Please note that the ability of a child to accomplish this important social task of peer group entry is highly predictive of peer-related social competence. Accordingly, it is worthwhile to take some time to observe how the child seeks to enter groups during free play.

It may also be of value to structure this process so you can get a clearer view of what is going on. For example, you might take two host children, particularly ones who have been reasonably responsive to the child in the past, and structure some interesting activity for them. Then encourage the child being assessed to move into that area, suggesting that the play that the hosts are engaging in might be especially interesting. If there are too many distractions, you might have to try this in a separate room or corner in order to maximize the number of peer entry attempts. Overall, try to observe 5 or more efforts of the child trying to gain peer group entry.

The sequence or order in which the child uses certain types of strategies is important. Based on observations of socially competent children, it is probably critical initially that the entry child spend some time observing what the host children are doing in order to establish a **frame of reference** (shared understanding of the context). Once that occurs, children who are typically successful in entry tasks follow their observations of this situation by engaging in behaviors similar to the group; that is **harmonious behaviors**. Usually, the harmonious behaviors are nonverbal in form, engaging in some version of the ongoing activity. If this seems to be working, children who are successful generally proceed to make more direct statements or requests about the play or even directly request entry into that play.

Consequently, for the initial attempts at entry, please complete the following section based on your observations of the entry attempts by the child. The child may use somewhat different strategies with different results on each attempt, but indicate on the form what appears to be most typical.

## a. Initial Attempt

1. **Harmonious and Relevant Strategies** - Please note whether in the initial attempt to gain entry the child first seeks to communicate to the hosts that he or she is interested in joining the existing activity and not in redirecting it. This is usually accomplished by doing or saying something similar to that of the hosts or perhaps directly imitating one of the host child's behaviors. Please check all those attempts to establish harmony that you observed for the child.

**Initial Attempts (Specific Behaviors) to Establish Harmony with Peer**
***(Check all that apply)***

☐ 1. Stands near or watches peers, appearing to wait for an opportunity [waiting]

☐ 2. Gains attention through eye-contact, gesture, or gentle touch [active attention]

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☐ 3. Imitates a peer's play verbally or nonverbally [imitates]

☐ 4. Produces a variation of peers' verbal or nonverbal activity [variation]

☐ 5. Shows or offers a toy related to peers' play [shows/offers]

☐ 6. Asks a question relevant to existing play activities [ask relevant question]

☐ 7. Politely requests direct access to the play activity [polite request]

☐ 8. Shares information relevant to existing play activities [shares information]

☐ 9. Makes reasonable but direct request to play [direct request]

2. **Possible Reasons or Strategies for Failure of Initial Attempt at Peer Entry** - Even socially competent children often fail to gain entry during the first attempt. Based on your observations, please check all of the reasons why the child's attempt at group entry may have failed (if observed).

☐ 1. Attempts to play with nonresponsive peers [nonresponsive peers]

☐ 2. Attempts to play with children who have rejected the child regularly in past [reputation]

☐ 3. Attempts to play using objects and actions unrelated to peers' activity [unrelated toys]

☐ 4. Attempts conversation unrelated to peers' conversation or play activities [unrelated conversation]

☐ 5. Attempts to redirect peers' activity [redirect]

☐ 6. Attempts to play with peers before establishing face-to-face and/or eye contact [eye contact]

☐ 7. Timing of social interactions was poor such that the child interrupts peers when intently engaged in another activity [poor timing]

☐ 8. Uses overly intrusive strategies such as demanding inclusion in play or physically intruding on space and toys [intrusive/demanding]

☐ 9. Acts aggressively toward peers (hits, shoves, grasps) [aggressive]

☐ 10. Other ____________________

____________________

3. **Outcomes of Initial Attempts** - Please rank order (1 = most frequent result) the typical response by the host(s) to child's initial entry attempts.

**Rank**
**Order** (1-4)

☐ acknowledgment (of interest or promise of later involvement)
☐ acceptance
☐ ignoring
☐ rejection

**Second Efforts** - *A child's subsequent attempts following being rejected, ignored, or having initial bids to enter group postponed.*

1. **Strategies** - Many children do not succeed in gaining access to play on the first attempt. How the child reacts to being ignored, rejected, or asked to wait to join the group until some future time is a critical aspect of the peer entry process. Please check those strategies in the following list that are most typical of the child.

☐ 1. Does not persist [not persist]
☐ 2. Repeats previous effort with minor variations [repeats]
☐ 3. Becomes less intrusive but maintains proximity and interest [less intrusive]
☐ 4. Becomes more directive in requests for access, but comments and/or behavior are relevant to play activity [directive and relevant]
☐ 5. Becomes highly intrusive by being more demanding (says everyone must play together; tries to take over) [highly intrusive]
☐ 6. Makes irrelevant comments, self-statements, or suggestions [irrelevant]
☐ 7. Makes threats or appeals to adult authority for access [threats or appeals]
☐ 8. Responds appropriately to host's questions, directives, or attention getters [responds]
☐ 9. Engages in some form of positive negotiations with peers (see conflict resolution strategies in next section) [positive conflict resolution]
☐ 10. Becomes disruptive or disagreeable [disruptive or disagreeable]
☐ 11. Other ____________________________

2. **Outcomes of Second Attempt** - Please rank order (1 = most frequent result) the typical response by the host(s) to child's second entry attempts.

**Rank**
**Order** (1-4)
☐ acknowledgment (of interest or promise of later involvement)
☐ acceptance
☐ ignoring
☐ rejection

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## c. General Strategies Associated with Difficulties in Peer Group Entry

The problems listed below represent some of the primary overall reasons why children who do have significant problems are not as successful as possible in attempts to gain entry into groups. In this listing, an effort was made to identify key areas of general concern that characterize the child's strategies during peer entry. That is, peer group entry may fail because children use inappropriate or ineffective strategies.

**General Strategies** (check all that apply that are highly characteristic of the child)

☐ 1. not relevant or harmonious (behavior, comments, demands, questions)
☐ 2. too intrusive (takes over; redirects)
☐ 3. takes primarily aggressive and/or negative approaches
☐ 4. disagreeable (not interested in negotiation)
☐ 5. not sufficiently directive or persistent
☐ 6. others (list) ______________________

______________________

______________________

______________________

## d. General Summary of Strengths and Concerns:

______________________

______________________

______________________

______________________

______________________

______________________

______________________

______________________

______________________

______________________

______________________

______________________

______________________

______________________

______________________

## 3.

## Conflict Resolution

The ability to resolve conflicts that inevitably and frequently occur during peer interactions is perhaps the central feature of peer-related social competence. All that is required to be considered a conflict is that child A does or says something that has some effect on child B; child B resists or objects to child A; and child A then persists in his or her claims, requests, or other related behaviors. Conflicts rarely turn into hostile or aggressive interactions, but sequences of conflict are found in almost every activity. Disputes over possessions or territory are common but disagreements about social control or rule violations or even one's ideas about the world attain increasing prominence over the preschool years. Having found themselves in a conflict episode, children become part of a complex process involving numerous strategies. The language of conflict resolution (strategies) includes demands, mitigation, justification, compromise, rejection, as well as insistence.

Conflict resolution is considered to be a separate social task, but it should be recognized that it is usually embedded within a larger context of social interactions, even within other social tasks such as peer group entry or trying to maintain play interactions. Accordingly, as part of your general observations of the child, try to pay special attention to social exchanges in which some form of conflict arises. You may have to make additional observations focusing just on conflicts (especially those which involve a child trying to obtain goods or services from another) to be sure you have a clear understanding of how the child tries to resolve various conflicts.

Perhaps the easiest situations to assess the effectiveness of the child's conflict resolution strategies are within **directive episodes** or episodes concerned with **defending one's own property**. In the first instance, the child initiates an exchange that results in conflict whereas in the second instance the child is the recipient of a social interaction that yields the disagreement. It is these two general situations that are to be evaluated.

Directive episodes occur when children seek to gain some goods or services from a peer. Directives usually occur in the form of requests for action, i.e., they want their companions to do or say something ("Give me the toy," "Stop that," Try this," or "You be the baby"). However, only about half of children's directives achieve their ends immediately due either to a peer's unresponsiveness or opposition. Most children persist in the face of this initial failure, pressing the request further. This persistence then creates conflict which must be resolved before other forms of social exchange can continue.

Defending one's property is also a common event that often results in conflicts and provides an excellent example of an instance in which the potential conflict is initiated by a peer. The manner is which children negotiate this situation is a critical aspect of peer-related social competence.

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## OVERVIEW

a. **Reasons for Conflict** - Note on the scale the circumstances in which conflict appears to arise.

| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| 1. conflicts regarding possessions [possessions] | | | | |
| 2. conflicts regarding space [space] | | | | |
| 3. conflicts regarding social rule violations [social rules] | | | | |
| 4. conflicts regarding disagreement over ideas or assertions [ideas] | | | | |
| 5. conflicts regarding social control, e.g., dominance, role assignments [social control] | | | | |

b. **Initiator/Recipient Role** — Evaluate the extent to which these conflicts are initiated by the child(e.g., directive episodes) or occur as a reaction from the initiations of peers (e.g., defends property).

| Initiates most exchanges resulting in conflict | Is equally likely to be initiator or respondent | Is mostly a recipient of exchanges resulting in conflict |
|---|---|---|
| | | |

**INITIATIONS RESULTING IN CONFLICT** — The scales below are designed to be responsive to directive episodes, as they are the most common bases for conflict.

a. **Initial Response of Peer to Child's Initiative**

It is important to determine the type of initial opposition that generally occurs to the child's directive. This information informs us both about the characteristics of the child's peers as well as the child's social status, reputation, or reasonableness of the directive. Of greatest importance, this initial opposition sets the tone for subsequent exchanges in the conflict resolution episode.

| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| 1. Peers ignore child's initial directive [ignore] | | | | |
| 2. Peers negate, deny, or contradict [negate] | | | | |
| 3. Peers object but provide a reason, explanation, or other justification [provide reason] | | | | |

## CTION II

**Initial Reactions to Initiatives by Peers** — The immediate reaction of the child to initiatives by peers (e.g., seeking property of others), primarily in the form of directives, is an important element in an exchange that results in a conflict episode. Please note below the initial reactions by the child to peers' directives that have resulted in conflicts.

| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| 1. rejects request without providing a reason [flat rejection] | | | | |
| 2. rejects request but provides a rationale [provides rationale] | | | | |
| 3. seeks more information [seeks information] | | | | |
| 4. becomes disagreeable [disagreeable] | | | | |
| 5. becomes aggressive [aggressive] | | | | |
| 6. is nonresponsive to request [nonresponsive] | | | | |
| 7. makes irrelevant comments or responses [irrelevant] | | | | |
| 8. offers an alternative or clarifies [alternative/ clarification] | | | | |

## CONFLICT EPISODES

e. **Strategies During Directive Episodes or Defends Property Episodes** — Now that the child or peer has not achieved what he or she wanted or was opposed, a conflict arises which requires the child to persist or resist using some strategy or sequence of strategies. Strategies occurring during these episodes are the keys to understanding how children resolve conflicts. Those children that can do so in a positive fashion, minimizing further disagreement, maintaining connectedness, and reaching a resolution acceptable to both child and peer are clearly those who are considered to be more socially competent. Consequently, successful outcomes are not the only measure of competence; the strategies children use to achieve those outcomes are equally critical. It is important to note that the use of conciliatory and agreeable strategies implies that the interaction was connected and relevant.

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Please estimate the extent to which the child uses various strategies in the episodes you observed.

| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| 1. **Conciliatory Strategies by Child** -those that appear to consider the rights, willingness to carry out the request, needs, or obligations of their peers. Strategies include: | | | | |
| (1) Mitigates or minimizes a request ("do a little," "please") [mitigates or minimizes] | \| | \| | \| | \| |
| (2) Provides an alternative suggestion or compromise [compromise] | \| | \| | \| | \| |
| (3) Provides reason for prior directive or noncompliance [reason] | \| | \| | \| | \| |
| (4) Seeks information about concerns or interests of peer [seeks information] | \| | \| | \| | \| |
| 2. **Agreeable to Peer's Initiatives** - during an episode, peers may offer statements or ideas regarding the conflict which may or may not receive a positive response from the child. Please note how agreeable the child is in that he or she: | | | | |
| (1) Accepts a proposal [accepts] | \| | \| | \| | \| |
| (2) Concurs with a request for agreement ("that's right, isn't it?"), approval, or cooperation [concurs] | \| | \| | \| | \| |
| (3) Provides clarification when requested [clarifies] | \| | \| | \| | \| |
| (4) Makes an informative response to peer's question [informative response] | \| | \| | \| | \| |

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## SECTION II

| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| **Negative or Disconnected Strategies** - a number of strategies children use can either prolong episodes, escalate them into larger conflicts, or create general feelings of ill will. Strategies that fit this category include the following statements: | | | | |
| (1) Threatens peer [threatens] | | | | |
| (2) Insults peer [insults] | | | | |
| (3) Insists in a demanding tone [negative insist] | | | | |
| (4) Becomes aggressive [aggressive] | | | | |
| (5) Becomes disruptive [disruptive] | | | | |
| (6) Refuses a request without a reason [flat rejection] | | | | |
| (7) Makes irrelevant comments or responses [irrelevant] | | | | |

## GENERAL STRATEGIES ASSOCIATED WITH DIFFICULTIES IN CONFLICT RESOLUTION

The problems listed below represent some of the primary overall reasons why the child may be having difficulty resolving conflicts appropriately and effectively. Include observations of the child whether he or she is the initiator or recipient of interactions that result in conflict.

**General Strategies** (check all that apply that are highly characteristic of the child)

☐ 1. comments or behavior not relevant
☐ 2. takes primarily an aggressive or rejecting approach
☐ 3. disagreeable or unpleasant
☐ 4. not using conciliatory strategies
☐ 5. not sufficiently assertive
☐ 6. repeats same strategy despite its ineffectiveness
☐ 7. others (list) ______________________________

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# C. Maintaining Play

The ability to maintain play (group play) with peers is the most stringent test of peer-related social competence. The reasons why children attempt to sustain play with others in spite of enormous difficulties are many and varied. Among these reasons are the affective relationships that can be established and the satisfaction derived from obtaining a harmonious highly interactive relationship. The interest value of play with others is also enhanced when one has companions who promote increased opportunities to carry out more intricate, longer-term projects (e.g., creating new constructions). Consequently, extensive play with peers provides opportunities to establish friendships but requires the child to manage a range of other social tasks, such as conflict resolution, that arise within this larger context.

Maintaining play requires two general types of abilities. First, it requires that children understand and adhere to a role structure (play themes) and an activity structure (play tasks). It is these structures that give rise to and provide the framework for coherent sequences of sustained interchanges with peers. As can be seen, in order to maintain play, sufficient development of the foundation process of shared understanding is required.

Second, maintaining play constitutes a management task, as young children must contend with the changing pattern of play activities and the demands of play partners. The intensity and intrusiveness of play waxes and wanes. Children who are successful at maintaining play can manage these pressures, including taking the initiative to enhance the interest and complexity of play, without allowing an interaction to disintegrate.

Please base your ratings on the scales below on your observations of the child's group play interactions. If insufficient group play occurs (see Section I), do not complete this section.

|  | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| **a. Role and Activity Structure Strategies** |  |  |  |  |
| 1. Adequately provides information when requested by peers [informative response] |  |  |  |  |
| 2. Remains within theme or role of play activity [frame of reference] |  |  |  |  |
| 3. Agrees to reasonable suggestions of peer during play [agreeable] |  |  |  |  |

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b. Management Strategies

| | Rarely | Sometimes | Often | Almost Always |
|---|---|---|---|---|
| 1. If disengages with peer during a difficult period (e.g., conflict) stays in proximity and re-engages shortly [disengage] | | | | |
| 2. Tries to escalate play making reasonable requests to increase its interest or complexity [escalate] | | | | |
| 3. Conflicts are allowed to escalate to the point in which play stops for extensive periods of time [excessive escalation of conflict] | | | | |
| 4. Allows play to disintegrate without substantial efforts to sustain [disintegrate] | | | | |
| 5. Exhibits reciprocity by matching own behavior to peers' activity or initiatives [reciprocates] | | | | |
| 6. Deescalates demands on peer if difficulties become apparent [deescalates] | | | | |

# SECTION III

## PROCESSES

In the previous section of the APR, you were asked to evaluate the child's use of social strategies for each of the three social tasks. This is an important set of observations. Most directly, the APR provides a perspective on the specific strategies children employ and a sense for their effectiveness and appropriateness. In addition, these observations provide the basis for speculating about the processes regulating children's peer relations. The purpose of this section is to take your observations one step further and to speculate about these processes.

Specifically, during social tasks, a child must first recognize the task at hand, then organize, integrate, and sequence social behaviors over the course of extended cycles of social exchanges. To accomplish this sustained longer-term aspect of the social task, the child must invoke **higher-order processes** that organize the sequence of events. Similarly, when selecting a social strategy within a turn, a child typically relies on a series of **social-cognitive processes** such as attending to and accurately interpreting relevant information, generating alternative social strategies and, finally, evaluating the situation (particularly the shared understanding that prevails) to select a specific strategy. These higher-order and social-cognitive processes are influenced by the **foundation processes of emotional regulation and shared understanding**, reflecting once again the interactive and integrative nature of the child's peer-related social competence. The figure on the next page illustrates the mutual influences among the components of social-cognitive and emotional regulation processes.

Descriptive information about each of the processes for each of the three social tasks is presented next. For example, you are first asked to think about emotional regulation problems associated with each social task. Second, you are asked to consider which specific social-cognitive processes may be affected during single turns of a social exchange. Third, you are asked to consider higher-order processes that govern the sustained, longer-term aspects of social tasks. It is identified concerns related to these three processes that will form the special considerations for this section of the APR, thereby serving as a guide to intervention. Because processes of concern typically affect more than one social task, all the social tasks are evaluated at the same time. Space is available in each column to note concerns.

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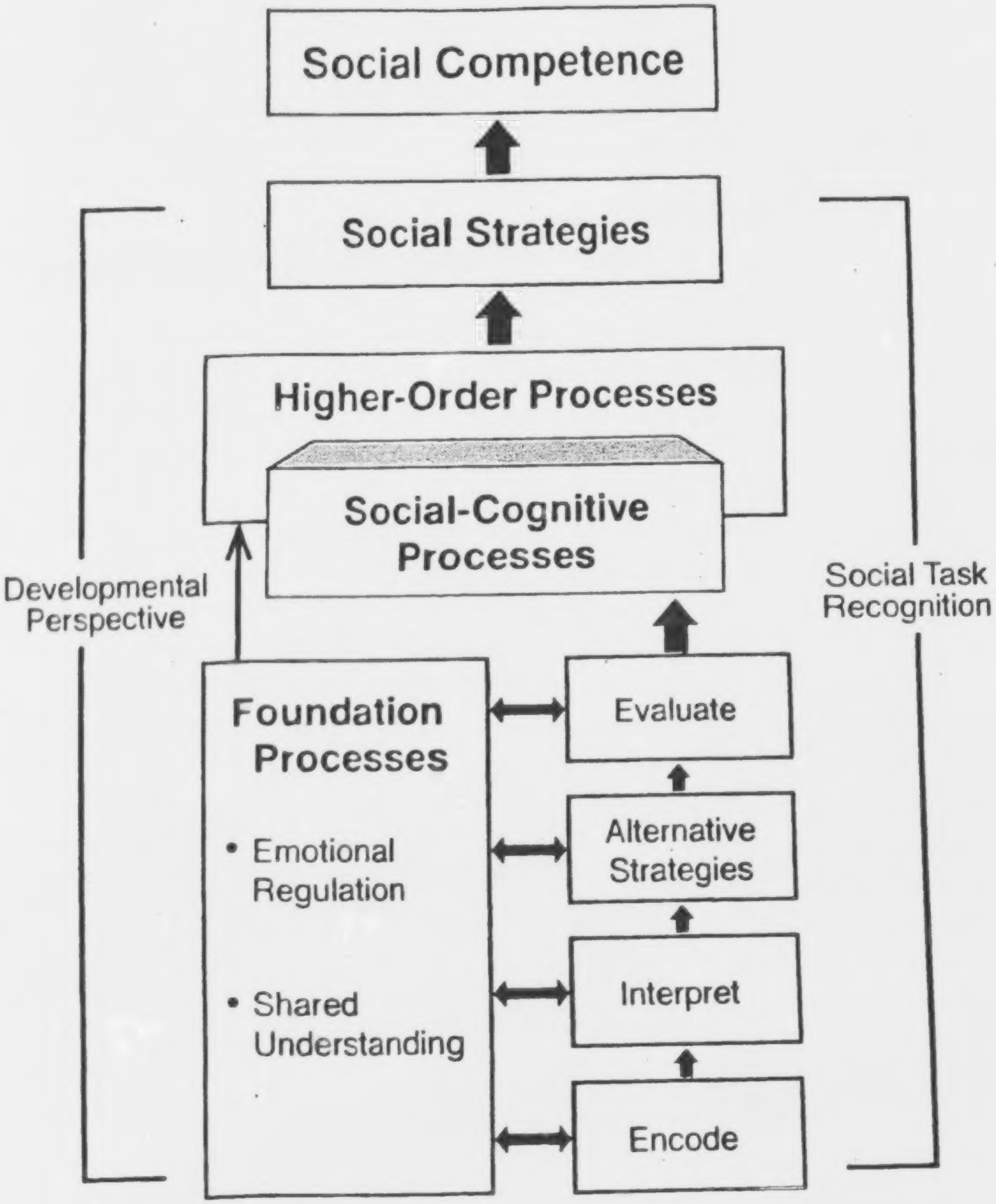
Social Competence
Social Strategies
Higher-Order Processes
Social-Cognitive Processes
Developmental Perspective
Social Task Recognition
Foundation Processes
• Emotional Regulation
• Shared Understanding
Evaluate
Alternative Strategies
Interpret
Encode

# EMOTIONAL REGULATION

## Peer Group Entry

The way a child reacts emotionally may well affect which social strategy is selected. Sometimes emotional regulation problems are apparent during the initial entry effort (e.g., hesitating to approach) but can be found during subsequent attempts as well. To gain a better understanding of the issues regarding emotional regulation for the peer group entry task, please note concerns as indicated on the assessment form. In addition, observe the child carefully and note the situations or setting factors under which these concerns arise. These emotional regulation concerns may occur during the child's initial attempt, in response to reactions from peers (immediate or subsequent responses to rejections, postponements, etc., by peers), or may be linked to specific types of play situations. This latter category refers to concerns that may arise primarily in one setting, game, or activity. Please provide sufficient details to permit patterns of concerns in relation to the initial attempts, responses to peers, and the situations to be identified. Where appropriate, reference is made to the role of developmental domains as possible contributors to any concerns identified.

## Conflict Resolution

By their very nature, conflicts and their resolution evoke emotional responses that must be regulated for a socially-competent pattern to result. As was the case for peer group entry, please identify any concerns related to this process of emotional regulation as they occurred during the conflict resolution social task. For each concern noted, information should be provided regarding: (1) the initial reaction of the child (i.e., either to the peer's rejection or postponement or the initial reaction to a peer's request that ultimately resulted in conflict); (2) the child's subsequent pattern of regulation during conflict sequences; and (3) the specific situations (e.g., possession disputes) which appear to precipitate disputes associated with concerns regarding emotional regulation.

## Maintaining Play

Differences in emotional regulation can also affect this most complex of social tasks. Increased demands to interact a certain way by peers or efforts by peers to increase the complexity of the role or theme can create problems in emotional regulation. (It is sometimes difficult to distinguish emotional regulation concerns for maintaining play and the social task of conflict resolution. Accordingly, you should focus on circumstances in which group play has achieved some level of stability between the child and peers.) Also, try to identify those situations which are of concern for specific types of emotional regulation processes.

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# PROCESSES

## EMOTIONAL REGULATION

*Concerns*

**(1) Reacts or initiates too quickly not allowing time to consider alternative (presumably more appropriate) strategies [impulsive]**

| **PEER GROUP ENTRY** | **CONFLICT RESOLUTION** | **MAINTAINING PLAY** |
|---|---|---|
| ***Initial Attempt:*** | ***Initial Reaction:*** | ***Situations:*** (e.g., seeking to escalate play, response to demands of peer, agreeing on specific themes or roles) |
| ***Responses to Peers' Reactions:*** | ***Responses to Ongoing Conflict:*** | |
| ***Situations:*** | ***Situations:*** | |

# PROCESSES

## EMOTIONAL REGULATION

*Concerns*

**(2) Fails to initiate or respond quickly enough to peers; action tends to be delayed [delayed]**

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| ***Initial Attempt:*** | ***Initial Reaction:*** | ***Situations:*** |
| ***Responses to Peers' Reactions:*** | ***Responses to Ongoing Conflict:*** | |
| ***Situations:*** | ***Situations:*** | |
| ***Consider Social-Cognitive or Higher-Order Processes:*** | ***Consider Information Processing Difficulties:*** | ***Consider Information Processing Difficulties:*** |

# PROCESSES

## EMOTIONAL REGULATION

*Concerns*

(3) **Becomes angry or hostile such as when (a) peer group entry attempts are resisted; (b) child has difficulty settling down during conflicts despite reasonable requests, rejections, or postponements; or (c) if child remains angry or hostile following a difficult period of sustained play [angry]**

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| ***Initial Attempt:*** | ***Initial Reaction:*** | ***Situations:*** |
| ***Responses to Peers' Reactions:*** | ***Responses to Ongoing Conflict:*** | |
| ***Situations:*** | ***Situations:*** | |

# PROCESSES

## EMOTIONAL REGULATION

*Concerns*

(4) **Inhibits initiations before completing social bid or reacts with withdrawal to any hint of rejection or postponements to requests (i.e., becomes anxious and moves away from hosts), or inhibits attempts to escalate play or withdraws when peer seeks to escalate [withdrawal]**

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| ***Initial Attempt:*** | ***Initial Reaction:*** | ***Situations:*** |
| ***Responses to Peers' Reactions:*** | ***Responses to Ongoing Conflict:*** | |
| ***Situations:*** | ***Situations:*** | |

# PROCESSES

## EMOTIONAL REGULATION

*Concerns*

(5) **Becomes disorganized and upset immediately or when not achieving desired results during peer group entry attempts, conflicts, or in attempts (or a peer's attempts) to escalate play [disorganized]**

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| ***Initial Attempt:*** | ***Initial Reaction:*** | ***Situations:*** |
| ***Responses to Peers' Reactions:*** | ***Responses to Ongoing Conflict:*** | |
| ***Situations:*** | ***Situations:*** | |

# PROCESSES

## EMOTIONAL REGULATION

*Concerns*

(6) Describe how any of these concerns may be influenced by developmental issues (i.e., absence of expressive language or motor difficulties)

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| | | |

(7) Describe strengths you see with respect to the child's ability to regulate emotions

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| | | |

## SOCIAL-COGNITIVE PROCESSES (SINGLE EXCHANGE)

**Peer Group Entry**

On a social exchange-by-social exchange basis, it is suggested that strategy selection is influenced directly by a series of social-cognitive processes. Problems can exist in one or more of the four social-cognitive processes noted here (selective attention or encoding, interpreting, making available appropriate alternative strategies, and evaluating and selecting an appropriate alternative strategy). In addition, it is possible that these social-cognitive processes are themselves influenced by the foundation processes of emotional regulation and shared understanding. Please indicate on the forms if you think this is the case for each process of concern.

**Conflict Resolution**

As was the case for the peer group entry task, the selection of a strategy within the context of a social exchange during conflicts will depend upon specific social-cognitive processes. Because conflicts often evoke strong emotional responses, special attention should be given to the potential influences by emotional regulation processes.

**Maintaining Play**

The selection during a specific social exchange of strategies related to the role and activity structure as well as management strategies essential for maintaining play depend upon a series of social-cognitive processes. As is the case for the other social tasks, problems can exist in one or more of the four aspects of social-cognitive processes and can themselves be influenced by the foundation processes of emotional regulation and shared understanding.

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# PROCESSES

## SOCIAL COGNITIVE PROCESSES (SINGLE EXCHANGE)

*Concerns*

(1) Fails to attend selectively (encode) to relevant information provided by peers' activity (e.g., does not attend to facial expressions or focuses on portions of play activity not relevant to major theme; this may result in a failure to establish a frame of reference) [attend selectively]

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| *Examples:* | *Examples:* | *Examples:* |
| *Influence by Emotional Regulation:* | *Influence by Emotional Regulation:* | *Influence by Emotional Regulation:* |
| *Influence by Shared Understanding:* | *Influence by Shared Understanding:* | *Influence by Shared Understanding:* |

# PROCESSES

## SOCIAL COGNITIVE PROCESSES (SINGLE EXCHANGE)

*Concerns*

(2) **Misinterprets cues in the social situation (e.g., mistakes postponement for rejection and could thereby result in hostile or aggressive interactions [influence by emotional regulation]) or not sufficiently knowledgeable about activities or play themes [influence of shared understanding], or fails to process information accurately [misinterprets]**

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| ***Examples:*** | ***Examples:*** | ***Examples:*** |
| ***Influence by Emotional Regulation:*** | ***Influence by Emotional Regulation:*** | ***Influence by Emotional Regulation:*** |
| ***Influence by Shared Understanding:*** | ***Influence by Shared Understanding:*** | ***Influence by Shared Understanding:*** |

# PROCESSES

## SOCIAL COGNITIVE PROCESSES (SINGLE EXCHANGE)

*Concerns*

(3) **Does not appear to have sufficient repertoire of appropriate alternative strategies such as compromise or harmonious behavior (e.g., primarily disagreeable or self-oriented), accepting proposal, providing reason, or mitigating a response; cannot escalate or deescalate play within context of common roles or themes [alternative strategies]**

| **PEER GROUP ENTRY** | **CONFLICT RESOLUTION** | **MAINTAINING PLAY** |
|---|---|---|
| ***Examples:*** | ***Examples:*** | ***Examples:*** |
| ***Influence by Emotional Regulation:*** | ***Influence by Emotional Regulation:*** | ***Influence by Emotional Regulation:*** |
| ***Influence by Shared Understanding:*** | ***Influence by Shared Understanding:*** | ***Influence by Shared Understanding:*** |

# PROCESSES

## SOCIAL COGNITIVE PROCESSES (SINGLE EXCHANGE)

*Concerns*

(4) Fails to consider (or understand) shared context regarding ownership or other social rules including those associated with play activities and games when evaluating which strategy to select (i.e., takes over; is intrusive), or fails to consider skills, abilities, and other characteristics (e.g., familiarity or friendship status) of the peer [evaluation]

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| *Examples:* | *Examples:* | *Examples:* |
| *Influence by Emotional Regulation:* | *Influence by Emotional Regulation:* | *Influence by Emotional Regulation:* |
| *Influence by Shared Understanding:* | *Influence by Shared Understanding:* | *Influence by Shared Understanding:* |

# PROCESSES

## SOCIAL COGNITIVE PROCESSES (SINGLE EXCHANGE)

*Concerns*

**(5) Describe how these concerns are influenced by developmental issues**

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| | | |

**(6) Describe strengths you see with regard to the child's social-cognitive processes**

| PEER GROUP ENTRY | CONFLICT RESOLUTION | MAINTAINING PLAY |
|---|---|---|
| | | |

## HIGHER-ORDER PROCESSES

### Peer Group Entry

At a more general level, the child must provide a reasonably planned and organized framework that yields a coherent sequence of events during the peer group entry task. In a real sense, social tasks themselves are similar to the foundation process of shared understanding and have script-like features that guide the structure of the social exchanges. This longer-term perspective is a hallmark of peer-related social competence and suggests that it is vital to assess as best as possible these higher-order or executive-type processes.

Three aspects of this higher-order process are evaluated here. First, you are asked to judge whether the child appears to recognize that he or she is, in fact, facing an entry task. Second, you are asked to judge if the child sustains attention across the sequence of events. This sustained attention is quite different from the selective attention found as part of social-cognitive processes. Third, you are asked to evaluate the extent to which the child monitors the behavior of the host children and utilizes that information in subsequent exchanges. This monitoring and utilization feature is needed to ensure continuity and a shared understanding across the sequence.

### Conflict Resolution

In order to resolve a conflict in a socially competent fashion, an organized sequence of events must result that requires the child to recognize the conflict situation (which may not occur immediately), to sustain attention to the task across the various social exchanges, and to monitor the behavior of peers, utilizing the information gained in a meaningful way. Social tasks, like certain familiar play themes, have a distinct pattern of events or scripts. Please note on the forms any concerns that are evident related to these three aspects of higher-order processes. Remember, it is only possible to make reasonable hypotheses at this time. However, your insights will provide an initial guideline in helping to design intervention programs.

### Maintaining Play

By its very nature, the social task of maintaining play requires a long-term perspective. The child must recognize and organize the task in some planned way (despite shifting themes and demands). In addition, the framework of the task must remain intact. For this to occur, the child must sustain attention to the task and monitor and adjust to the feedback of peers.

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# PROCESSES

## HIGHER-ORDER PROCESSES

*Concerns*

(1) **Fails to recognize task as there is little indication that the child makes a deliberate, planned series of efforts in attempting to join activity, resolve conflict, or maintain play, i.e., a general organization or sequence is not observed [task recognition]**

| | | |
|---|---|---|
| **PEER GROUP ENTRY**<br>***Examples:*** | **CONFLICT RESOLUTION**<br>***Examples:*** | **MAINTAINING PLAY**<br>***Examples:*** |

(2) **Fails to sustain attention to the social task as indicated by becoming distracted and not persisting in the task [sustain attention]**

| | | |
|---|---|---|
| **PEER GROUP ENTRY**<br>***Examples:*** | **CONFLICT RESOLUTION**<br>***Examples:*** | **MAINTAINING PLAY**<br>***Examples:*** |

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# PROCESSES

## HIGHER-ORDER PROCESSES

*Concerns*

(3) **Fails to monitor and utilize prior feedback by peers during course of social exchanges for the entry task, or during conflicts, or throughout the course of the play sequences [monitor]**

| | | |
|---|---|---|
| PEER GROUP ENTRY<br>*Examples:* | CONFLICT RESOLUTION<br>*Examples:* | MAINTAINING PLAY<br>*Examples:* |

(4) **Describe how any of these concerns are influenced by developmental issues**

| | | |
|---|---|---|
| PEER GROUP ENTRY<br>*Examples:* | CONFLICT RESOLUTION<br>*Examples:* | MAINTAINING PLAY<br>*Examples:* |

# PROCESSES

## HIGHER-ORDER PROCESSES

*Concerns*

**(1) Describe child's strengths with regard to these higher-order processes**

| **PEER GROUP ENTRY**<br>***Examples:*** | **CONFLICT RESOLUTION**<br>***Examples:*** | **MAINTAINING PLAY**<br>***Examples:*** |
|---|---|---|
| | | |

# SPECIAL CONSIDERATIONS — PROCESSES

In this final section of the APR, please summarize those concerns you identified with regard to each of the processes within the three social tasks. It is these processes that must be considered in efforts to enhance the child's peer relations. Also, please identify any special strengths the child appears to have that may be of value in developing intervention plans.

## EMOTIONAL REGULATION

Emotional Regulation (concerns):

Specific Situations of Concern:

Emotional Regulation (strengths):

## SOCIAL-COGNITIVE PROCESSES

Social Cognitive Processes (concerns):

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Specific Situations of Concern:

Social Cognitive Processes (strengths):

## HIGHER-ORDER PROCESSES

Higher-Order Processes (concerns):

Specific Situations of Concern:

Higher-Order Processes (strengths):

## ECTION III

Developmental Issues: It is important to ensure that our expectations of children's level of peer interactions are commensurate with their developmental level and adapted to specific developmental concerns. Please summarize the developmental expectations for a six-month period that you noted in the assessment of processes in connection with each of the three social tasks. What can we reasonably expect the child to accomplish independently? What are his or her strengths? What developmental concerns should be highlighted?

### XPECTATIONS:

Peer Group Entry:

Conflict Resolution:

Higher-Order Processes:

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Battelle Developmental Inventory

# SCORING BOOKLET

Name ________________________________

School/Program __________________________

Teacher ______________________________

Examiner _____________________________

| | Yr. | Mo. | Day |
|---|---|---|---|
| Date of Testing | | | |
| Date of Birth | | | |
| Chronological Age | | | |

Age In Months __________ (12 x years + months; ignore all days)

## SUMMARY AND RECOMMENDATIONS

| Domain | Strengths | Weaknesses | Recommendations. |
|---|---|---|---|
| Personal-Social | | | |
| Adaptive | | | |
| Motor | | | |
| Communication | | | |
| Cognitive | | | |
| BDI Total | | | |

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|  |  |  |  |
|---|---|---|---|
| 0-5 | PS 1. Shows awareness of people | 2 1 0 |  |
|  | PS 2. Looks at adult's face | 2 1 0 |  |
|  | PS 3. Smiles or vocalizes in response to adult attention | 2 1 0 |  |
|  | PS 4. Explores adult facial features | 2 1 0 |  |
|  | PS 5. Shows desire to be picked up or held by familiar persons | 2 1 0 |  |
| 6-11 | PS 6. Shows desire for personal attention | 2 1 0 |  |
|  | PS 7. Plays peekaboo | 2 1 0 |  |
|  | PS 8. Discriminates between familiar and unfamiliar persons | 2 1 0 |  |
| 12-17 | PS 9. Continues to vocalize when imitated | 2 1 0 |  |
|  | PS 10. Responds to naming of familiar person | 2 1 0 |  |
| 18-23 | PS 11. Responds to adult praise, rewards, or promise of rewards | 2 1 0 |  |
|  | PS 12. Helps with simple household tasks | 2 1 0 |  |
| 24-35 | PS 13. Greets familiar adults spontaneously | 2 1 0 |  |
| 36-47 | PS 14. Responds to social contact made by familiar adults | 2 1 0 |  |
|  | PS 15. Separates easily from parent | 2 1 0 |  |
| 60-71 | PS 16. Uses adults other than parents as resources | 2 1 0 |  |
|  | PS 17. Initiates contacts with familiar adults | 2 1 0 |  |
| 72-83 | PS 18. Asks for adult help when needed | 2 1 0 |  |

____ + ____ = ☐ Subdomain Score
sum sum

**Subdomain: Expression of Feelings/Affect**

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 0-5 | PS 19. Shows anticipatory excitement | 2 1 0 |  |
|  | PS 20. Shows pleasure in frolic play | 2 1 0 |  |
|  | PS 21. Expresses emotions | 2 1 0 |  |
| 12-17 | PS 22. Shows affection toward people, pets, or possessions | 2 1 0 |  |
|  | PS 23. Enjoys playing with other children | 2 1 0 |  |
| 18-23 | PS 24. Enjoys having simple stories read | 2 1 0 |  |
| 24-35 | PS 25. Expresses affection toward or liking for peer | 2 1 0 |  |
| 36-47 | PS 26. Expresses enthusiasm for work or play | 2 1 0 |  |
|  | PS 27. Shows sympathy toward others | 2 1 0 |  |
| 48-59 | PS 28. Comforts peers in distress | 2 1 0 |  |
|  | PS 29. Describes his/her feelings | 2 1 0 |  |
| 60-71 | PS 30. Shows positive attitude toward school | 2 1 0 |  |

____ + ____ = ☐ Subdomain Score
sum sum

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# PERSONAL-SOCIAL DOMAIN (cont.)

Basal = a score of 2 on two consecutive items at an age level
Ceiling = a score of 0 on two consecutive items at an age level

**Subdomain: Self-Concept**

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 0-5 | PS 31. Shows awareness of his/her hands | 2 1 0 | |
| 6-11 | PS 32. Responds to his/her name | 2 1 0 | |
| 18-23 | PS 33. Expresses ownership or possession | 2 1 0 | |
| | PS 34. Identifies self in mirror | 2 1 0 | |
| 24-35 | PS 35. Shows pride in achievements | 2 1 0 | |
| | PS 36. Knows his/her first name | 2 1 0 | |
| | PS 37. Uses pronoun or his/her name to refer to self | 2 1 0 | |
| | PS 38. Speaks positively of self | 2 1 0 | |
| | PS 39. Knows his/her age | 2 1 0 | |
| 36-47 | PS 40. Calls attention to his/her performance | 2 1 0 | |
| | PS 41. Knows his/her first and last names | 2 1 0 | |
| 48-59 | PS 42. Asserts self in socially acceptable ways | 2 1 0 | |
| 60-71 | PS 43. Performs for others | 2 1 0 | |
| | PS 44. Demonstrates ability to "show and tell" without major discomfort | 2 1 0 | |

____ + ____ = ☐ **Subdomain Score**
sum sum

**Subdomain: Peer Interaction**

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 12-17 | PS 45. Initiates social contacts with peers in play | 2 1 0 | |
| | PS 46. Imitates another child or children at play | 2 1 0 | |
| 18-23 | PS 47. Plays independently in company of peers | 2 1 0 | |
| | PS 48. Plays alongside another child | 2 1 0 | |
| 24-35 | PS 49. Participates in group play | 2 1 0 | |
| | PS 50. Shares property with others | 2 1 0 | |
| 36-47 | PS 51. Interacts with peers | 2 1 0 | |
| 48-59 | PS 52. Has special friends | 2 1 0 | |
| | PS 53. Chooses his/her own friends | 2 1 0 | |
| | PS 54. Plays cooperatively with peers | 2 1 0 | |
| | PS 55. Cooperates in group activities | 2 1 0 | |
| | PS 56. Takes turns and shares | 2 1 0 | |
| 60-71 | PS 57. Initiates social contacts and interactions with peers | 2 1 0 | |
| | PS 58. Participates in competitive play activities | 2 1 0 | |
| | PS 59. Uses peers as resources | 2 1 0 | |
| | PS 60. Gives ideas to other children as well as going along with their ideas | 2 1 0 | |
| 72-83 | PS 61. Serves as leader in peer relationships | 2 1 0 | |

____ + ____ = ☐ **Subdomain Score**
um sum

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| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 18-23 | PS 62. Generally follows directions related to daily routine | 2 1 0 | |
| 24-35 | PS 63. Follows rules given by adult for playing simple childhood games | 2 1 0 | |
| 48-59 | PS 64. Complies with adult directives | 2 1 0 | |
| 60-71 | PS 65. Follows classroom rules and directions | 2 1 0 | |
| | PS 66. Waits his/her turn for teacher or adult's attention | 2 1 0 | |
| | PS 67. Seeks alternatives without adult assistance when faced with problem | 2 1 0 | |
| | PS 68. Copes with criticism and teasing | 2 1 0 | |
| 72-83 | PS 69. Participates in new situations | 2 1 0 | |
| 84-95 | PS 70. Uses adults to help in handling peer aggression directed toward self | 2 1 0 | |
| | PS 71. Copes independently with peer aggression directed toward self | 2 1 0 | |

sum + sum = ☐ Subdomain Score

**Subdomain: Social Role**

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 24-35 | PS 72. Engages in adult role-playing | 2 1 0 | |
| | PS 73. Dramatizes in play | 2 1 0 | |
| 36-47 | PS 74. Knows whether he/she is male/female | 2 1 0 | |
| | PS 75. Is aware of differences between male and female | 2 1 0 | |
| 48-59 | PS 76. Recognizes facial expressions of primary emotions | 2 1 0 | |
| | PS 77. Engages in adult role-playing and imitation | 2 1 0 | |
| | PS 78. Recognizes another's need for help and gives assistance | 2 1 0 | |
| | PS 79. Respects property and rights of others | 2 1 0 | |
| | PS 80. Asks permission to use others' possessions | 2 1 0 | |
| 60-71 | PS 81. Recognizes feelings of others | 2 1 0 | |
| | PS 82. Discriminates between socially acceptable and nonacceptable behavior | 2 1 0 | |
| 72-83 | PS 83. Differentiates present and future social roles | 2 1 0 | |
| 84-95 | PS 84. Shows moral responsibility | 2 1 0 | |
| | PS 85. Admits responsibility for errors or wrongdoing | 2 1 0 | |

sum + sum = ☐ Subdomain Score

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# ADAPTIVE DOMAIN

Basal = a score of 2 on two consecutive items at an age level
Ceiling = a score of 0 on two consecutive items at an age level

**Subdomain: Attention**

| Suggested Starting Points (age in months) | | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|---|
| 0–5 | A 1. | Turns eyes toward light source | 2 1 0 | |
| | A 2. | Visually attends to object for 5 or more seconds | 2 1 0 | |
| | A 3. | Attends to ongoing sound or activity for 15 or more seconds | 2 1 0 | |
| 6–11 | A 4. | Visually attends to light source moving in 180-degree arc | 2 1 0 | |
| | A 5. | Visually attends to light source moving in vertical direction | 2 1 0 | |
| | A 6. | Occupies self for 10 or more minutes without demanding attention | 2 1 0 | |
| 12–17 | A 7. | Looks at, points to, or touches pictures in book | 2 1 0 | |
| 18–23 | A 8. | Attends to one activity for 3 or more minutes | 2 1 0 | |
| 36–47 | A 9. | Attends to learning task or story in small group | 2 1 0 | |
| | A 10. | Focuses attention on one task while being aware of (but not distracted by) another activity | 2 1 0 | |

___ + ___ = ☐ Subdomain Score
sum sum

**Subdomain: Eating**

| Suggested Starting Points (age in months) | | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|---|
| 0–5 | A 11. | Anticipates feeding | 2 1 0 | |
| | A 12. | Takes strained food from spoon and swallows it | 2 1 0 | |
| 6–11 | A 13. | Eats semisolid food when it is placed in his/her mouth | 2 1 0 | |
| | A 14. | Holds or supports bottle to feed self | 2 1 0 | |
| | A 15. | Drinks from cup with assistance | 2 1 0 | |
| | A 16. | Feeds self bite-size pieces of food | 2 1 0 | |
| 12–17 | A 17. | Begins to use spoon or other utensil to feed self | 2 1 0 | |
| | A 18. | Asks for food or liquid with words or gestures | 2 1 0 | |
| 18–23 | A 19. | Drinks from cup or glass without assistance and with little spilling | 2 1 0 | |
| | A 20. | Feeds self with spoon or fork without assistance | 2 1 0 | |
| | A 21. | Distinguishes between food substances and nonfood substances | 2 1 0 | |
| 24–35 | A 22. | Obtains drink from tap or other source without assistance | 2 1 0 | |
| 36–47 | A 23. | Serves self food without assistance | 2 1 0 | |
| 72–83 | A 24. | Uses knife to cut soft food without assistance | 2 1 0 | |

___ + ___ = ☐ Subdomain Score
sum sum

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| | | | |
|---|---|---|---|
| 12-17 | A 25. Removes small articles of clothing without assistance | 2 1 0 | |
| | A 26. Helps with dressing by holding out arms or legs | 2 1 0 | |
| 18-23 | A 27. Removes simple garment without assistance | 2 1 0 | |
| 24-35 | A 28. Puts on simple clothing without assistance | 2 1 0 | |
| | A 29. Puts on coat without assistance | 2 1 0 | |
| 36-47 | A 30. Unbuttons clothing without assistance | 2 1 0 | |
| | A 31. Puts on shoes without assistance | 2 1 0 | |
| | A 32. Buttons one or two buttons without assistance | 2 1 0 | |
| 48-59 | A 33. Dresses and undresses without supervision | 2 1 0 | |
| 84-95 | A 34. Chooses clothing appropriate for occasion or weather | 2 1 0 | |

sum + sum = ☐ Subdomain Score

**Subdomain: Personal Responsibility**

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 18-23 | A 35. Moves independently around house or yard, requiring only occasional supervision | 2 1 0 | |
| 36-47 | A 36. Demonstrates caution and avoids common dangers | 2 1 0 | |
| 48-59 | A 37. Responds to instructions given in small group and initiates appropriate task without being reminded | 2 1 0 | |
| | A 38. Completes learning tasks having two or more steps | 2 1 0 | |
| | A 39. Moves around immediate neighborhood unattended | 2 1 0 | |
| 60-71 | A 40. Continues work on task with minimal guidance | 2 1 0 | |
| | A 41. Answers "what to do if" questions involving personal responsibility | 2 1 0 | |
| | A 42. Crosses street safely | 2 1 0 | |
| | A 43. Initiates and organizes own activities | 2 1 0 | |
| | A 44. Goes to bed without assistance | 2 1 0 | |
| | A 45. Answers "what to do if" questions involving personal responsibility | 2 1 0 | |
| | A 46. Goes to school or other familiar places unattended | 2 1 0 | |
| 72-83 | A 47. Makes purchase in store by him/herself | 2 1 0 | |
| | A 48. Handles small sums of money responsibly | 2 1 0 | |
| | A 49. Knows his/her address | 2 1 0 | |
| | A 50. Uses telephone and operator correctly | 2 1 0 | |

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# ADAPTIVE DOMAIN (cont.)

Basal = a score of 2 on two consecutive items at an age level
Ceiling = a score of 0 on two consecutive items at an age level

**Subdomain: Personal Responsibility (cont.)**

| Suggested Starting Points (age in months) | | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|---|
| 84–95 | A 51. | Performs household chores | 2 1 0 | |
| | A 52. | Builds or repairs with appropriate tools | 2 1 0 | |
| | A 53. | Handles his/her money | 2 1 0 | |

sum + sum = ☐ Subdomain Score

**Subdomain: Toileting**

| Suggested Starting Points (age in months) | | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|---|
| 24–35 | A 54. | Expresses need to go to bathroom | 2 1 0 | |
| | A 55. | Controls bowel movements regularly | 2 1 0 | |
| 36–47 | A 56. | Washes and dries hands without assistance | 2 1 0 | |
| | A 57. | Sleeps through night without wetting bed | 2 1 0 | |
| | A 58. | Takes care of own toilet needs | 2 1 0 | |
| 72–83 | A 59. | Takes bath or shower without assistance | 2 1 0 | |

sum + sum = ☐ Subdomain Score

# MOTOR DOMAIN

Basal = a score of 2 on two consecutive items at an age level
Ceiling = a score of 0 on two consecutive items at an age level

**Subdomain: Muscle Control**

| Suggested Starting Points (age in months) | | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|---|
| 0–5 | M 1. | Holds head erect for 1 minute when held | 2 1 0 | |
| | M 2. | Lifts head and holds it up for at least 5 seconds while lying on stomach | 2 1 0 | |
| | M 3. | Turns head freely from side to side while supported in sitting position | 2 1 0 | |
| 6–11 | M 4. | Sits without support for at least 5 seconds | 2 1 0 | |
| | M 5. | Stands for 10 seconds while holding on to solid object | 2 1 0 | |
| 12–17 | M 6. | Stands in upright position without support for 30 or more seconds | 2 1 0 | |

sum + sum = ☐ Subdomain Score

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| (age in months) | | | | | |
|---|---|---|---|---|---|
| 0–5 | M 7. | Brings hands together at midline | 2 | 1 | 0 |
| | M 8. | Moves object held in hand to mouth | 2 | 1 | 0 |
| 6–11 | M 9. | Pulls self to standing position while holding onto solid object | 2 | 1 | 0 |
| | M 10. | Moves from lying position (on back) to sitting position without assistance | 2 | 1 | 0 |
| 12–17 | M 11. | Carries large object while walking 10 feet | 2 | 1 | 0 |
| | M 12. | Stoops or squats to pick up object, picks it up, and returns to standing position without falling | 2 | 1 | 0 |
| 18–23 | M 13. | Throws ball forward at least 3 feet | 2 | 1 | 0 |
| | M 14. | Kicks ball forward without falling | 2 | 1 | 0 |
| 24–35 | M 15. | Walks two or more steps on line on floor, alternating feet forward | 2 | 1 | 0 |
| | M 16. | Stands on one foot momentarily without support | 2 | 1 | 0 |
| | M 17. | Throws ball 5 feet forward with direction | 2 | 1 | 0 |
| 36–47 | M 18. | Turns forward somersault without assistance | 2 | 1 | 0 |
| 48–59 | M 19. | Imitates arm positions of examiner | 2 | 1 | 0 |
| | M 20. | Hops forward on one foot without support | 2 | 1 | 0 |
| | M 21. | Walks heel-to-toe for four or more steps | 2 | 1 | 0 |
| | M 22. | Hops on one foot for 10 feet | 2 | 1 | 0 |
| 60–71 | M 23. | Catches ball | 2 | 1 | 0 |
| | M 24. | Stands on each foot alternately with eyes closed | 2 | 1 | 0 |
| | M 25. | Does standing broad jump | 2 | 1 | 0 |
| 72–83 | M 26. | Bends over and touches floor with two hands | 2 | 1 | 0 |
| | M 27. | Walks 6-foot line heel-to-toe with eyes open | 2 | 1 | 0 |
| | M 28. | Throws ball at target | 2 | 1 | 0 |
| 84–95 | M 29. | Jumps rope without assistance | 2 | 1 | 0 |
| | M 30. | Maintains crouched position on tiptoe, with arms extended horizontally at sides and eyes closed | 2 | 1 | 0 |
| | M 31. | Catches with one hand a tennis ball tossed from 6 feet away | 2 | 1 | 0 |

______ + ______ = ☐ Subdomain Score
sum sum

# MOTOR DOMAIN (cont.)

Basal = a score of 2 on two consecutive items at an age level
Ceiling = a score of 0 on two consecutive items at an age level

**Subdomain: Locomotion**

| Suggested Starting Points (age in months) | | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|---|
| 6-11 | M 32. | Makes stepping movements when held in upright position | 2 1 0 | |
| | M 33. | Moves 3 or more feet by crawling | 2 1 0 | |
| | M 34. | Walks three or more steps with assistance | 2 1 0 | |
| 12-17 | M 35. | Creeps or crawls up four steps without assistance | 2 1 0 | |
| | M 36. | Walks without support for 10 feet without falling | 2 1 0 | |
| | M 37. | Moves from sitting to standing without support from object or person | 2 1 0 | |
| | M 38. | Walks up four steps with support | 2 1 0 | |
| 18-23 | M 39. | Walks down four steps with support | 2 1 0 | |
| | M 40. | Runs 10 feet without falling | 2 1 0 | |
| | M 41. | Walks up and down stairs without assistance, placing both feet on each step (marking time) | 2 1 0 | |
| 24-35 | M 42. | Jumps forward with both feet together | 2 1 0 | |
| 36-47 | M 43. | Walks down stairs alternating feet | 2 1 0 | |
| 72-83 | M 44. | Skips on alternate feet for 20 feet | 2 1 0 | |

sum + sum = ☐ Subdomain Score

**Subdomain: Fine Muscle**

| Suggested Starting Points (age in months) | | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|---|
| 0-5 | M 45. | Holds hands in open, loosely fisted position when not grasping object | 2 1 0 | |
| | M 46. | Holds object with fingers against heel of palm (ulnar-palmer prehension) | 2 1 0 | |
| 6-11 | M 47. | Picks up raisin with several fingers opposed to thumb (partial finger prehension) | 2 1 0 | |
| | M 48. | Transfers object from one hand to other hand | 2 1 0 | |
| | M 49. | Pulls open drawers and cupboard doors | 2 1 0 | |
| 12-17 | M 50. | Extends toy to person and releases it from grasp | 2 1 0 | |
| | M 51. | Picks up raisin with ends of thumb and index finger in overhand approach (neat pincer grasp) | 2 1 0 | |
| 24-35 | M 52. | Opens door by turning knob | 2 1 0 | |
| | M 53. | Strings four large beads | 2 1 0 | |
| 36-47 | M 54. | Turns pages of book one at a time | 2 1 0 | |
| | M 55. | Holds paper with one hand while drawing or writing with other hand | 2 1 0 | |
| | M 56. | Folds sheet of paper | 2 1 0 | |
| | M 57. | Uses scissors to cut paper | 2 1 0 | |
| | M 58. | Folds piece of paper two times, once horizontally and again at right angles (vertically) | 2 1 0 | |

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| (age in months) | | Test Item | (circle one score per item) | |
|---|---|---|---|---|
| 48–59 | M 59. | Opens small padlock with key | 2 1 0 | |
| 60–71 | M 60. | Crumples piece of paper into ball with each hand | 2 1 0 | |
| | M 61. | Ties single overhand knot around crayon with string | 2 1 0 | |
| 84–95 | M 62. | Touches fingertips of each hand successively with thumb of same hand | 2 1 0 | |

+ =

sum sum

Subdomain Score

**Subdomain: Perceptual Motor**

| Suggested Starting Points (age in months) | | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|---|
| 0–5 | M 63. | Reaches for object placed before him/her and touches it | 2 1 0 | |
| 12–17 | M 64. | Places raisin in bottle | 2 1 0 | |
| | M 65. | Builds tower of two cubes | 2 1 0 | |
| 18–23 | M 66. | Places four rings on post in any order | 2 1 0 | |
| | M 67. | Removes raisin from bottle | 2 1 0 | |
| 36–47 | M 68. | Copies vertical line | 2 1 0 | |
| | M 69. | Copies circle | 2 1 0 | |
| 48–59 | M 70. | Copies cross | 2 1 0 | |
| | M 71. | Cuts with scissors following line | 2 1 0 | |
| | M 72. | Copies V, H, and T | 2 1 0 | |
| | M 73. | Copies triangle | 2 1 0 | |
| 60–71 | M 74. | Draws person with six parts | 2 1 0 | |
| | M 75. | Copies square | 2 1 0 | |
| | M 76. | Copies simple words | 2 1 0 | |
| | M 77. | Copies numerals 1 through 5 | 2 1 0 | |
| 72–83 | M 78. | Copies words with upper- and lowercase letters | 2 1 0 | |
| | M 79. | Copies directional arrows | 2 1 0 | |
| | M 80. | Copies diamond | 2 1 0 | |
| 84–95 | M 81. | Copies two tilted triangles | 2 1 0 | |
| | M 82. | Writes simple sentence in script | 2 1 0 | |

+ =

sum sum

Subdomain Score

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# COMMUNICATION DOMAIN

Basal = a score of 2 on two consecutive items at an age level
Ceiling = a score of 0 on two consecutive items at an age level

**Subdomain: Receptive**

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 0-5 | CM 1. Responds to nonspeech sound outside field of vision | 2 1 0 | |
| | CM 2. Responds to voice outside field of vision | 2 1 0 | |
| | CM 3. Turns head toward source of sound outside field of vision | 2 1 0 | |
| 6-11 | CM 4. Responds to different tones of person's voice | 2 1 0 | |
| | CM 5. Associates spoken words with familiar objects or actions | 2 1 0 | |
| 12-23 | CM 6. Follows three or more verbal commands | 2 1 0 | |
| | CM 7. Responds to simultaneous verbal and gestural commands | 2 1 0 | |
| 24-35 | CM 8. Responds to prepositions *in, out, on, in front of, toward,* and *behind* | 2 1 0 | |
| | CM 9. Understands simple possessive forms | 2 1 0 | |
| 36-47 | CM 10. Responds to adverbs *softly* and *loudly* | 2 1 0 | |
| | CM 11. Follows two-step verbal commands | 2 1 0 | |
| | CM 12. Understands superlatives *biggest* and *longest* | 2 1 0 | |
| | CM 13. Responds to *who, what, where,* and *when* questions | 2 1 0 | |
| 48-59 | CM 14. Discriminates between real words and similar nonsense words | 2 1 0 | |
| | CM 15. Understands simple negations | 2 1 0 | |
| | CM 16. Understands regular plural forms | 2 1 0 | |
| 60-71 | CM 17. Understands past tense of verb *to be* | 2 1 0 | |
| | CM 18. Understands irregular plural forms | 2 1 0 | |
| | CM 19. Associates spoken words with pictures | 2 1 0 | |
| | CM 20. Recalls events from story presented orally | 2 1 0 | |
| | CM 21. Understands future tense of verb *to be* | 2 1 0 | |
| 72-83 | CM 22. Distinguishes between active and passive voices | 2 1 0 | |
| | CM 23. Follows three-step verbal commands | 2 1 0 | |
| | CM 24. Identifies initial sound in words | 2 1 0 | |
| 84-95 | CM 25. Recalls events from story presented orally | 2 1 0 | |
| | CM 26. Identifies final sound in words | 2 1 0 | |
| | CM 27. Understands concepts *bright, hard,* and *sweet* when used to describe people | 2 1 0 | |

____ + ____ = ☐ Subdomain Score
sum sum

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| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 0-5 | CM 28. Produces one or more vowel sounds | 2 1 0 | |
| | CM 29. Vocalizes sounds to express feelings | 2 1 0 | |
| 6-11 | CM 30. Produces one or more single-syllable consonant-vowel sounds | 2 1 0 | |
| | CM 31. Repeats one or more single-syllable consonant-vowel sounds in close succession | 2 1 0 | |
| 12-23 | CM 32. Uses gestures to indicate wants or needs | 2 1 0 | |
| | CM 33. Imitates speech sounds | 2 1 0 | |
| | CM 34. Uses 10 or more words | 2 1 0 | |
| | CM 35. Uses variations in voice | 2 1 0 | |
| | CM 36. Initates sounds, words, or gestures associated with objects in the immediate environment | 2 1 0 | |
| 24-35 | CM 37. Uses pronouns *I*, *you*, and *me* | 2 1 0 | |
| | CM 38. Uses two-word utterances to express meaningful relationships | 2 1 0 | |
| | CM 39. Uses three-word phrases meaningfully | 2 1 0 | |
| 36-47 | CM 40. Responds "yes" or "no" appropriately | 2 1 0 | |
| | CM 41. Labels his/her creations | 2 1 0 | |
| | CM 42. Asks questions that begin with *who, what, where, why*, and *how* | 2 1 0 | |
| | CM 43. Uses plural forms ending with "s" or "z" sound | 2 1 0 | |
| | CM 44. Relates his/her experiences | 2 1 0 | |
| | CM 45. Uses articles *the* and *a* | 2 1 0 | |
| 48-59 | CM 46. Uses regular past tense of verbs ending in *ed* | 2 1 0 | |
| | CM 47. Repeats familiar words with clear articulation | 2 1 0 | |
| | CM 48. Uses five- or six-word sentences | 2 1 0 | |
| | CM 49. Communicates effectively | 2 1 0 | |
| 60-71 | CM 50. Engages in meaningful dialogue | 2 1 0 | |
| | CM 51. Uses plural forms ending in "ez" sound | 2 1 0 | |
| | CM 52. Uses irregular past tense of verbs | 2 1 0 | |
| | CM 53. Communicates his/her feelings | 2 1 0 | |
| | CM 54. Uses regular comparative forms | 2 1 0 | |
| 72-83 | CM 55. Associates word from its definition | 2 1 0 | |
| | CM 56. Uses superlatives | 2 1 0 | |
| | CM 57. Talks about things that might be | 2 1 0 | |
| 84-95 | CM 58. Uses passive voice | 2 1 0 | |
| | CM 59. Uses irregular plural forms | 2 1 0 | |

___ + ___ = ☐ **Subdomain Score**

sum sum

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# COGNITIVE DOMAIN

Basal = a score of 2 on two consecutive items at an age level
Ceiling = a score of 0 on two consecutive items at an age level

## Subdomain: Perceptual Discrimination

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 0-5 | CG 1. Explores environment visually | 2 1 0 | |
| | CG 2. Shows awareness of new situations | 2 1 0 | |
| | CG 3. Feels and explores objects | 2 1 0 | |
| 6-11 | CG 4. Explores or investigates surroundings | 2 1 0 | |
| 12-23 | CG 5. Places circle and square in formboard | 2 1 0 | |
| 24-35 | CG 6. Matches simple geometric forms | 2 1 0 | |
| | CG 7. Matches circle, square, and triangle | 2 1 0 | |
| 36-47 | CG 8. Identifies simple objects by touch | 2 1 0 | |
| 60-71 | CG 9. Matches simple words | 2 1 0 | |
| 72-83 | CG 10. Recognizes visual differences among similar numerals, geometric forms, and letters | 2 1 0 | |

___ + ___ = ☐ **Subdomain Score**
sum sum

## Subdomain: Memory

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 0-5 | CG 11. Follows auditory stimulus | 2 1 0 | |
| | CG 12. Follows visual stimulus | 2 1 0 | |
| 6-11 | CG 13. Uncovers hidden toy | 2 1 0 | |
| | CG 14. Searches for removed object | 2 1 0 | |
| 24-35 | CG 15. Repeats two-digit sequences | 2 1 0 | |
| | CG 16. Selects hand hiding toy | 2 1 0 | |
| 36-47 | CG 17. Recalls familiar objects | 2 1 0 | |
| 72-83 | CG 18. Repeats four-digit sequences | 2 1 0 | |
| | CG 19. Recalls facts from story presented orally | 2 1 0 | |
| 84-95 | CG 20. Repeats six-digit sequences | 2 1 0 | |

___ + ___ = ☐ **Subdomain Score**
sum sum

## Subdomain: Reasoning and Academic Skills

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 6-11 | CG 21. Pulls string to obtain toy or ring | 2 1 0 | |
| 12-23 | CG 22. Reaches around barrier to obtain toy | 2 1 0 | |
| 36-47 | CG 23. Responds to *one* and *one more* | 2 1 0 | |
| 48-59 | CG 24. Identifies sources of common actions | 2 1 0 | |
| | CG 25. Gives three objects on request | 2 1 0 | |
| | CG 26. Answers simple logic questions | 2 1 0 | |
| | CG 27. Completes opposite analogies | 2 1 0 | |
| | CG 28. Identifies larger of two numbers | 2 1 0 | |

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| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 60-71 | CG 29. Selects single words from visual presentation | 2 1 0 | |
| | CG 30. Identifies missing parts of objects | 2 1 0 | |
| | CG 31. Recognizes picture absurdities | 2 1 0 | |
| 72-83 | CG 32. Writes letters that stand for sounds | 2 1 0 | |
| | CG 33. Sequences familiar events in logical order | 2 1 0 | |
| | CG 34. Solves simple addition and subtraction problems involving numbers through 5 | 2 1 0 | |
| 84-95 | CG 35. Solves simple word problems involving subtraction | 2 1 0 | |
| | CG 36. Solves simple problems involving multiplication | 2 1 0 | |

___ + ___ = ☐ **Subdomain Score**
sum sum

**Subdomain: Conceptual Development**

| Suggested Starting Points (age in months) | Test Item | Score (circle one score per item) | Comments |
|---|---|---|---|
| 12-23 | CG 37. Recognizes self as cause of events or happenings | 2 1 0 | |
| 24-35 | CG 38. Identifies familiar objects by their use | 2 1 0 | |
| 36-47 | CG 39. Identifies big and small shapes | 2 1 0 | |
| 48-59 | CG 40. Identifies longer of two sticks | 2 1 0 | |
| | CG 41. Sorts forms by shape | 2 1 0 | |
| | CG 42. Compares sizes of familiar objects not in view | 2 1 0 | |
| 60-71 | CG 43. Identifies textures *rough*, *smooth*, and *soft* | 2 1 0 | |
| | CG 44. Identifies past and present activities | 2 1 0 | |
| | CG 45. Identifies colors of familiar objects not in view | 2 1 0 | |
| | CG 46. Joins quarters of circle to match complete circle | 2 1 0 | |
| | CG 47. Categorizes familiar objects by function | 2 1 0 | |
| | CG 48. Sequences squares from smallest to largest | 2 1 0 | |
| | CG 49. Identifies first and last objects in row | 2 1 0 | |
| | CG 50. Assembles six-piece puzzle of person | 2 1 0 | |
| 72-83 | CG 51. Knows right and left sides of his/her body | 2 1 0 | |
| | CG 52. Identifies middle object in row | 2 1 0 | |
| 84-95 | CG 53. Tells time to hour and half hour | 2 1 0 | |
| | CG 54. Groups objects by shape and by color | 2 1 0 | |
| | CG 55. Conserves two-dimensional space | 2 1 0 | |
| | CG 56. Conserves length | 2 1 0 | |

___ + ___ = ☐ **Subdomain Score**
sum sum

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Social Competence Curriculum Project
Division of Child and Family Studies
UCONN Health Center
Farmington, Connecticut

## Child Intervention History

Date: ____________________

Participant Number/Age Point: __________________ D.O.B.: ______________
Person(s) Completing Form: ______________________________________________
Is the child currently receiving early intervention? Yes No (circle one)
Date Early Intervention Services Began: Month__________ Year____________
Months in current placement: ____________________________________________

## Diagnosis History

When were you first concerned/or when was it first brought to your attention that your child may have learning or developmental delays?

____________________________________________________________________________

____________________________________________________________________________

Age of child at time of diagnosis: _______________

**Primary diagnosis** (check only if known, primary diagnosis only please)
___ Biological risk (i.e., low birth weight, drug addiction, prematurity, etc.)
  Please Specify:______________________________________________
___ Mental retardation
___ Speech impaired
___ Hearing impaired
___ Visually impaired
___ Deaf-blind
___ Orthopedically impaired (i.e., cerebral palsy, spina bifida, etc.)
  Please Specify: ______________________________________________
___ Health impairment (i.e,, AIDS, epilepsy, sickle cell anemia, etc.)
  Please Specify: ______________________________________________
___ Other: ______________________________________________________

## Birth Information

Was there anything unusual about the pregnancy, labor, or delivery (for example, prematurity)?

______________________________________________

______________________________________________

______________________________________________

## Special Needs

Medication (types and frequency):

______________________________________________

______________________________________________

Dietary recommendations/restrictions

______________________________________________

______________________________________________

Allergies:

______________________________________________

______________________________________________

Seizures:

______________________________________________

______________________________________________

Has your child had any major injuries or illnesses? If so, please explain:

______________________________________________

______________________________________________

**Social Competence Curriculum Project**
**Division of Child and Family Studies**
**UCONN Health Center**
**Farmington, Connecticut**

## Classroom Profile

Child's Name: ______________________________ D.O.B.: ____________________

Early Childhood Program: ________________________________________________

Address: ________________________________________________________________

________________________________________________________________

Director: ____________________________ Phone Number: __________________

Other Contact: _______________________ Position: ______________________

Arrival & departure times: ____________ Length of day: ____________________

Days per week (please circle) Monday Tuesday Wednesday Thursday Friday

Classroom Schedule (please complete or attach classroom schedule)

| **Activity** | **Time** |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Number of children enrolled in class: _____________ Age range: _____________

Number of children w/disabilities in class: ________ Age range: _____________

Please complete the following information pertaining to the staff in your classroom. If a staff person does not have a degree put "none" under highest degree.

### Daily Classroom Staff

| Name | Position | Highest Degree | Area of Certification | # yrs. w/ 0-5 pop. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

### Itinerant Classroom Staff *

| Name | Position | Highest Degree | Area of Certification | # yrs. w/ 0-5 pop. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*** Therapists, clinicians, and other staff who are not in the classroom on a daily basis.**

University of Connecticut Health Center
*School of Medicine*

## SOCIAL COMPETENCE RESEARCH PROJECT
Division of Child and Family Studies

## INFORMED CONSENT LETTER

Dear Parent:

We are asking you and your child to join a U.S. Department of Education funded project to study the early social development of young children (ages 24-48 months) with disabilities. This study is designed to determine what types of curriculum best encourages social development and friendships in young children with disabilities.

Children who participate in this project are randomly assigned to either a control group or a curriculum group. The curriculum group offers a measure of the response to a structured curriculum while the control group offers a measure of what happens naturally. **Your child ______________________________ has been assigned to the curriculum group.**

If you choose to join this study, you will be asked to:

☐ Provide information about your family, child, and his/her early intervention services.
☐ Participate in bi-weekly visits to your home.
☐ Collect and document activities your child participates in during the week.
☐ Agree to have project staff visit your child's program (daycare, playgroup, nursery school, etc.) weekly to implement the Social Competence Curriculum, as well as, every six months for data collection (observe in the classroom and videotape your child for 40 minutes of play).
☐ Meet with project staff every six months to:
  - Participate in a standardized developmental assessment with your child.
  - Allow us to videotape you and your child during a15 minute play session.

Results of the study may be published in professional journals, and we will be happy to share this information with you. Your participation is confidential; neither you nor your child will be identified to anyone who is not directly involved in this study. You may choose to end your participation in this study at any time. Please call me at (860) 679-4632 if you have any questions.

If you agree to help us with this project, please sign below.

Parent Signature:______________________________________ Date:__________

Thank you.

Sincerely,

Mary Beth Bruder

Mary Beth Bruder, Ph.D.
Professor and Director
Child and Family Studies

*Equal Opportunity Employer*

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Farmington Avenue
nington, Connecticut 06030

University of Connecticut Health Center
*School of Medicine*

## SOCIAL COMPETENCE RESEARCH PROJECT
**Division of Child and Family Studies**

INFORMED CONSENT LETTER

Dear Parent:

We are asking you and your child to join a U.S. Department of Education funded project to study the early social development of young children (ages 24-48 months) with disabilities. This study is designed to determine what types of curriculum best encourages social development and friendships in young children with disabilities.

Children who participate in this project are randomly assigned to either a control group or a curriculum group. The curriculum group offers a measure of the response to a structured curriculum while the control group offers a measure of what happens naturally. **Your child ________________________ has been assigned to the control group.**

If you choose to join this study, you will be asked to meet with project staff every six months to:

- ☐ Provide information about your family, child and his/her early intervention services.
- ☐ Participate in a standardized developmental assessment with your child.
- ☐ Allow us to videotape you and your child during a15 minute play session.

In addition, project staff will visit your child's program (daycare, playgroup, nursery school) every six months to observe the classroom, collect information, and videotape your child for 40 minutes of play.

Results of the study may be published in professional journals, and we will be happy to share this information with you. Your participation is confidential; neither you nor your child will be identified to anyone who is not directly involved in this study. You may choose to end your participation in this study at any time. Please call me at (860) 679-4632 if you have any questions.

If you agree to help us with this project, please sign below.

Parent Signature:____________________________________ Date:__________

Thank you.

Sincerely,

Mary Beth Bruder

Mary Beth Bruder, Ph.D.
Professor and Director
Child and Family Studies

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**SOCIAL COMPETENCE RESEARCH PROJECT**
**Division of Child and Family Studies**

PARENTAL CONSENT FORM.

I understand that as part of the project, my child, ________________________, will be tested by the project staff on the following assessments:

Battelle Developmental Inventory
Parent-Child Interaction Scale *(coded from videotape)*
Individual Social Behavior *(coded from videotape)*
Play Observation Scale *(coded from videotape)*

I understand that as a part of this project, *my child will be videotaped* during the assessment process. The videotapes will be used for assessment and research purposes only. I give permission for my child to be videotaped.

Parent Signature:________________________________________ Date:__________

I understand that as a part of this project, *my child may be photographed* at home and/or while he/she is playing at day care, school, or playgroup. The photos may be used for displays, conference presentations, and trainings concerning the Social Competence Curriculum. I understand that my child will not be individually identified in such photographs.

Parent Signature:________________________________________ Date:__________

I give permission to *release a copy of my child's Individualized Family Service Plan (IFSP) and IEP (Individualized Education Plan)* to the Social Competence Research Project.

Parent Signature:________________________________________ Date:__________

I understand that this consent form will be in effect for the duration of the project (two years).

Parent Signature:________________________________________ Date:__________

# Social Competence Curriculum Project
# Division of Child and Family Studies

## Interventionist/Child Care Staff Consent Form

I understand that ________________________________, will be participating in a U.S. Department of Education funded project to study the early social development of young children (ages 24 - 48 months) with disabilities. The success of this project depends upon my participation and collaboration with project staff and the child's family. As a participant in this project I understand that I will be asked to participate in the development and implementation of appropriate social competency outcomes for this child in collaboration with the child's parent(s) and project staff.

I understand that as a participant in this study I will be asked to participate in a two-hour orientation on a social competence curriculum. This meeting will be attended by the child's parent(s), early childhood special education teacher, related service staff, and child care staff.

I understand that as a participant in this study I will participate in monthly meetings. The child's parent(s), early interventionists, childcare staff, and project staff will attend these meetings. The purpose of these meetings is to monitor the child's individualized curriculum.

In addition to these meetings, I understand that as a participant in this study, project staff will visit my classroom on a weekly basis for the duration of the project. I understand that I will have the opportunity to meet with project staff during any of these visits.

I understand that I will participate in recording information specific to the child's social goals on a weekly basis (forms will be provided by project staff).

I understand that as a part of this study, the child will be videotaped in his or her classroom setting by project staff every six months. Video release forms will be given to the parent/guardian of each child attending the program to request permission to include their child in the videotaping if that child is present. Videotapes are confidential and will be used for assessment and research purposes only. I understand that neither the children nor the program will be individually identified in any way.

I understand that as a part of this study, the child may be photographed. These photographs will be used as part of a presentation and display of the Social Competence Curriculum Project. I understand that neither the children nor the program will be individually identified in any way.

| | | |
|---|---|---|
| Teacher's Signature | Title | Date |
| Service Coordinator's Signature | Title | Date |
| Administrator's Signature | Title | Date |

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# Social Competence Curriculum Project
# Division of Child and Family Studies

## Interventionist/Child Care Staff Consent Form

I understand that ________________________________, will be participating in a U.S. Department of Education funded project to study the early social development of young children (ages 24 - 48 months) with disabilities. The success of this project depends upon my cooperation with project staff and the child's family.

I understand that as a participant in this study project staff will visit my classroom every six months. The purpose of these visits is to collect information about the classroom setting and the child's overall development.

I understand that as a part of this study, the child will be videotaped in his or her classroom setting by project staff every six months. Video release forms will be given to the parent/guardian of each child attending the program to request permission to include their child in the videotaping if that child is present. Videotapes are confidential and will be used for assessment and research purposes only. I understand that neither the children nor the program will be individually identified in any way.

I understand that as a part of this study, the child may be photographed. These photographs will be used as part of a presentation and display of the Social Competence Curriculum Project. I understand that neither the children nor the program will be individually identified in any way.

| | | |
|---|---|---|
| ______________________ | ______________________ | ____________ |
| Teacher's Signature | Title | Date |
| ______________________ | ______________________ | ____________ |
| Service Coordinator's Signature | Title | Date |
| ______________________ | ______________________ | ____________ |
| Administrator's Signature | Title | Date |

Control group

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**Social Competence Curriculum Project**

Division of Child and Family Studies, UCONN Health Center

Farmington, Connecticut

## Control Group Assignment Procedures

hild's Name: ______________________________ ID # ____________

.O.B.: ____________________ Date of Group Assignment: ____________

arent/Guardian Contact: ______________________________

ddress: ______________________________

______________________________

one Numbers: (day) ____________ (eve) ____________

est time to contact: ______________________________

### take Procedure

ate/Initial

**Two months prior to the child's 2nd birthday:**

________ ❖ Contact the family by phone to confirm the following:

- ♦ child's age
- ♦ attendance at an integrated group setting (no more than 20% of the total enrollment of each group are children with disabilities) for a minimum of 2 days a week (or family's interest in obtaining enrollment in an integrated day program)
- ♦ parent's willingness to participate in project

________ ❖ Schedule first home visit

❖ **Record date on project calendar**

# Initial Data Collection Process (home)

ate/Initial

l

__________ ❖ First home visit (one month prior to the child's 2nd Birthday).

**ata collection forms:** These forms can be completed at the initial home visit or left with ıe parent(s)/caregiver(s) to complete and return at a later home visit. **Be sure that all rms** that are distributed, are **returned and complete**. As a form is distributed, please dicate it as such by recording the date of distribution. When the forms are collected, ease indicate them as such by marking a check in the corresponding box. When a visit is heduled for data collection such as the Battelle, ITERS, or videotaping, record the date in e corresponding box and mark it complete when it is finished.

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| ıild Behavior Checklist | | | |
| ıild Intervention History Form | | | |
| ıy Program Contact Sheet | | | |
| mily Demographics Form | | | |
| mily Interview | | ■ | |
| mily Support Scale | | | |
| endship Survey for Parents/Caregivers | | | |
| ormed Consent Letter | | | |
| renting Stress Index | | | |
| sonal Network Matrix | | | |
| ıy Profile | | | |
| cial Network Questionnaire | | | |
| pend Form | | | |
| pport Services Form | | | |
| leotape of Caregiver/Child Interaction | | ■ | |

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**her Scheduled Site Visits:**

se this space to record any additional site visits to the home for the initial data collection ocess.

| ate of Visit | Purpose | Completed |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Initial Data Collection Process (School)

te/Initial

_________ ❖ Contact the child's day program after the initial home visit to inform them about the study and schedule a half-day site visit.

_________ ❖ Obtain a copy of the child's IFSP

**ta collection forms:** These forms can be completed at the initial school visit or left with
teacher to complete and return at a later school visit. Be sure that **all forms** that are
stributed, are **returned and complete**. As a form is distributed, please indicate it as
ch by recording the date of distribution. When the forms are collected, please indicate
m as such by marking a check in the corresponding box. When a visit is scheduled for
ta collection such as the Battelle, ITERS, or videotaping, record the date in the
responding box and mark it complete when it is finished.

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| ivity Log | | ■ | |
| sessment of Peer Relations | | ■ | |
| ttelle Developmental Inventory | | ■ | |
| ssroom Profile | | | |
| endship Survey for Teachers | | | |
| P Analysis | | ■ | |
| RS | | ■ | |
| ormed Consent Form-Professionals (Control) | | | |
| y Profile | | | |
| ial Competence Strategies Profile for Early ildhood Professionals | | | |
| ial Status Questionnaire | | | |
| pend Form | | | |
| cher Report of Children's Behaviors | | | |
| eo Release Forms | | | |
| eotape of Classroom Freeplay | | ■ | |

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## her Scheduled Site Visits:

se this space to record any additional site visits to the classroom for the initial data llection process.

| ate of Visit | Purpose | Completed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

517

## 30 month Data Collection (Home)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| hild Behavior Checklist | | | |
| hild Intervention History (updates only) | | | |
| amily Demographics Form (updates only) | | | |
| amily Support Scale | | | |
| riendship Survey for Parents/Caregivers | | | |
| arent/Caregiver Satisfaction Survey | | | |
| arenting Stress Index | | | |
| ersonal Network Matrix | | | |
| ocial Network Questionnaire | | | |
| tipend Form | | | |
| upport Services (updates only) | | | |
| ideotape of Caregiver/Child Interaction | | | |

## Other Scheduled Site Visits

| ate of Visit | Purpose | Completed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## 30 Month Data Collection (School)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| :tivity Log | | ▨ | |
| sessment of Peer Relations | | ▨ | |
| ıttelle Developmental Inventory | | ▨ | |
| assroom Profile (updates only) | | | |
| iendship Survey for Teachers | | | |
| SP Analysis | | ▨ | |
| ERS | | ▨ | |
| cial Competence Strategies Profile for Early ildhood Professionals | | | |
| cial Status Questionnaire | | | |
| pend Form | | | |
| ıcher Report of Children's Behaviors | | | |
| ıcher Satisfaction Survey | | | |
| leotape of Classroom Freeplay | | ▨ | |

## Other Scheduled Site Visits

| ıte of Visit | Purpose | Completed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## 36 Month Data Collection (Home)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| hild Behavior Checklist | | | |
| hild Intervention History Form (changes only) | | | |
| amily Demographics Form (changes only) | | | |
| amily Support Scale | | | |
| iendship Survey for Parents/Caregivers | | | |
| rent/Caregiver Satisfaction Survey | | | |
| renting Stress Index | | | |
| rsonal Network Matrix | | | |
| cial Network Questionnaire | | | |
| ipend Form | | | |
| pport Services (changes only) | | | |
| deotape of Caregiver/Child Interaction | | | |

## Other Scheduled Site Visits

| te of Visit | Purpose | Completed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

# 36 Month Data Collection (School)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| tivity Log | | ■ | |
| sessment of Peer Relations | | ■ | |
| ttelle Developmental Inventory | | ■ | |
| assroom Profile (changes only) | | | |
| iendship Survey for Teachers | | | |
| SP/IEP Analysis | | ■ | |
| ERS/ECERS | | ■ | |
| cial Competence Strategies Profile for Early ildhood Professionals | | | |
| cial Status Questionnaire | | | |
| pend Form | | | |
| icher Report of Children's Behaviors | | | |
| icher Satisfaction Survey | | | |
| eotape of Classroom Freeplay | | ■ | |

## Other Scheduled Site Visits

| te of Visit | Purpose | Completed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## 42 Month Data Collection (Home)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| hild Behavior Checklist | | | |
| hild Intervention History Form (changes only) | | | |
| amily Demographics Form (changes only) | | | |
| amily Support Scale | | | |
| iendship Survey for Parents/Caregivers | | | |
| rent/Caregiver Satisfaction Survey | | | |
| renting Stress Index | | | |
| rsonal Network Matrix | | | |
| cial Network Questionnaire | | | |
| ipend Form | | | |
| pport Services (changes only) | | | |
| leotape of Caregiver/Child Interaction | | | |

## Other Scheduled Site Visits

| te of Visit | Purpose | Completed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

# 42 Month Data Collection (School)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| tivity Log | | ▨ | |
| sessment of Peer Relations | | ▨ | |
| ttelle Developmental Inventory | | ▨ | |
| assroom Profile (changes only) | | | |
| CERS | | ▨ | |
| iendship Survey for Teachers | | | |
| P Analysis | | ▨ | |
| cial Competence Strategies Profile for Early ildhood Professionals | | | |
| cial Status Questionnaire | | | |
| pend Form | | | |
| acher Report of Children's Behaviors | | | |
| acher Satisfaction Survey | | | |
| leotape of Classroom Freeplay | | ▨ | |

## Other Scheduled Site Visits

| te of Visit | Purpose | Completed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**Social Competence Curriculum Project**

Division of Child and Family Studies, UCONN Health Center

Farmington, Connecticut

## Experimental Group Assignment Procedures

ild's Name: ______________________________ ID # ____________

O.B.: ____________________ Date of Group Assignment: ____________

rent/Guardian Contact: ______________________________________

dress: ______________________________________________

______________________________________________

one Numbers: (day) __________________ (eve) ____________________

st time to contact: ______________________________________

**ake Procedure**

e/Initial

**Two months prior to the child's 2nd birthday:**

________ ✣ Contact the family by phone to confirm the following:

- ♦ child's age
- ♦ attendance at an integrated group setting (no more than 20% of the total enrollment of each group are children with disabilities) for a minimum of 2 days a week (or family's interest in obtaining enrollment in an integrated day program)
- ♦ parent's willingness to participate in project

________ ✣ Schedule first home visit

✣ Record date on project calendar

# Initial Data Collection Process (home)

)ate/Initial

________ ❖ First home visit (one month prior to the child's 2nd Birthday).

**'ata collection forms:** These forms can be completed at the initial home visit or left with ıe parent(s)/caregiver(s) to complete and return at a later home visit. Be sure that **all ›rms** that are distributed, are **returned and complete**. As a form is distributed, please ıdicate it as such by recording the date of distribution. When the forms are collected, lease indicate them as such by marking a check in the corresponding box. When a visit is :heduled for data collection such as the Battelle, ITERS, or videotaping, record the date in ıe corresponding box and mark it complete when it is finished.

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| ıild Behavior Checklist | | | |
| ild Intervention History Form | | | |
| y Program Contact Sheet | | | |
| mily Demographics Form | | | |
| :nily Interview | | ■ | |
| nily Support Scale | | | |
| endship Survey for Parents/Caregivers | | | |
| ›rmed Consent Letter | | | |
| 'enting Stress Index | | | |
| sonal Network Matrix | | | |
| y Profile | | | |
| :ial Network Questionnaire | | | |
| ›end Form | | | |
| ›port Services Form | | | |
| eotape of Caregiver/Child Interaction | | ■ | |

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**tner Scheduled Site Visits:**

se this space to record any additional site visits to the home for the initial data collection rocess.

| ate of Visit | Purpose | Completed |
|---|---|---|
| | | |
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# Initial Data Collection Process (School)

)ate/Initial

__________ ❖ Contact the child's day program after the initial home visit to inform them about the study and schedule a half-day site visit.

__________ ❖ Obtain a copy of the child's IFSP

**ata collection forms:** These forms can be completed at the initial school visit or left with
ne teacher to complete and return at a later school visit. Be sure that **all forms** that are
istributed, are **returned and complete**. As a form is distributed, please indicate it as
ıch by recording the date of distribution. When the forms are collected, please indicate
ıem as such by marking a check in the corresponding box. When a visit is scheduled for
ıta collection such as the Battelle, ITERS, or videotaping, record the date in the
ırresponding box and mark it complete when it is finished.

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| tivity Log | | ■ | |
| sessment of Peer Relations | | ■ | |
| ttelle Developmental Inventory | | ■ | |
| ıssroom Profile | | | |
| endship Survey for Teachers | | | |
| ;P Analysis | | ■ | |
| :RS | | ■ | |
| ormed Consent Form-Professionals (Exp.) | | | |
| y Profile | | | |
| :ial Competence Strategies Profile for Early ildhood Professionals | | | |
| :ial Status Questionnaire | | | |
| ɔend Form | | | |
| cher Report of Children's Behaviors | | | |
| eo Release Forms | | | |
| eotape of Classroom Freeplay | | ■ | |

**ther Scheduled Site Visits:**

se this space to record any additional site visits to the classroom for the initial data llection process.

| ate of Visit | Purpose | Completed |
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## Intervention Planning

Conduct two hour overview of the Play Tools For Toddlers Curriculum with the day care staff, Early Interventionist, and family.

| Curriculum Intervention Task | Date(s) scheduled | Completed |
|---|---|---|
| Two hour overview of the Play Tools for Toddlers Curriculum with the day care provider, Early nterventionist, and family | | |
| Schedule SC Intervention Planning Meeting | | |
| Facilitate SC Intervention Planning Meeting<br>Summarize assessments<br>Develop interventions<br>Complete SC Matrix for both home and school | | |
| mend IFSP if necessary | | |
| Complete and disseminate SC Curriculum Handbook o home and school | | |

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## Curriculum Implementation

- Schedule weekly visits to the classroom during the first month.
- Schedule Bi-Weekly visits to the classroom for the next eleven months
- Hold Monthly meetings with project staff, child care staff, and parents

| Date of Visit | Purpose | Completed |
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## 30 month Data Collection (Home)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| iild Behavior Checklist | | | |
| iild Intervention History (updates only) | | | |
| mily Demographics Form (updates only) | | | |
| mily Support Scale | | | |
| endship Survey for Parents/Caregivers | | | |
| rent/Caregiver Satisfaction Survey | | | |
| renting Stress Index | | | |
| sonal Network Matrix | | | |
| ial Network Questionnaire | | | |
| pend Form | | | |
| pport Services (updates only) | | | |
| eotape of Caregiver/Child Interaction | | | |

## Other Scheduled Site Visits

| e of Visit | Purpose | Completed |
|---|---|---|
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## 30 Month Data Collection (School)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| tivity Log | | ■ | |
| sessment of Peer Relations | | ■ | |
| ttelle Developmental Inventory | | ■ | |
| ıssroom Profile (updates only) | | | |
| endship Survey for Teachers | | | |
| ;P Analysis | | ■ | |
| :RS | | ■ | |
| :ial Competence Strategies Profile for Early ildhood Professionals | | | |
| :ial Status Questionnaire | | | |
| ɔend Form | | | |
| cher Implementation of Intervention | | | |
| cher Report of Children's Behaviors | | | |
| cher Satisfaction Survey | | | |
| eotape of Classroom Freeplay | | ■ | |

## Other Scheduled Site Visits

| te of Visit | Purpose | Completed |
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## 36 Month Data Collection (Home)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| ıild Behavior Checklist | | | |
| ıild Intervention History Form (changes only) | | | |
| ımily Demographics Form (changes only) | | | |
| ımily Support Scale | | | |
| iendship Survey for Parents/Caregivers | | | |
| rent/Caregiver Satisfaction Survey | | | |
| renting Stress Index | | | |
| rsonal Network Matrix | | | |
| cial Network Questionnaire | | | |
| pend Form | | | |
| pport Services (changes only) | | | |
| leotape of Caregiver/Child Interaction | | ■ | |

## Other Scheduled Site Visits

| te of Visit | Purpose | Completed |
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## 36 Month Data Collection (School)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| tivity Log | | ▨ | |
| sessment of Peer Relations | | ▨ | |
| ttelle Developmental Inventory | | ▨ | |
| ıssroom Profile (changes only) | | | |
| endship Survey for Teachers | | | |
| ;P/IEP Analysis | | ▨ | |
| :RS/ECERS | | ▨ | |
| :ial Competence Strategies Profile for Early ildhood Professionals | | | |
| :ial Status Questionnaire | | | |
| ɔend Form | | | |
| cher Implementation of Intervention | | | |
| cher Report of Children's Behaviors | | | |
| cher Survey of Satisfaction | | | |
| eotape of Classroom Freeplay | | ▨ | |

## Other Scheduled Site Visits

| te of Visit | Purpose | Completed |
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## 42 Month Data Collection (Home)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| ıild Behavior Checklist | | | |
| ıild Intervention History Form (changes only) | | | |
| mily Demographics Form (changes only) | | | |
| mily Support Scale | | | |
| iendship Survey for Parents/Caregivers | | | |
| rent/Caregiver Satisfaction Survey | | | |
| renting Stress Index | | | |
| rsonal Network Matrix | | | |
| cial Network Questionnaire | | | |
| pend Form | | | |
| pport Services (changes only) | | | |
| leotape of Caregiver/Child Interaction | | | |

## Other Scheduled Site Visits

| te of Visit | Purpose | Completed |
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## 42 Month Data Collection (School)

| Data Collection/Form | Date of scheduled visit/ distribution | Distributed | Completed/ Collected |
|---|---|---|---|
| ivity Log | | ■ | |
| essment of Peer Relations | | ■ | |
| telle Developmental Inventory | | ■ | |
| ssroom Profile (changes only) | | | |
| ERS | | ■ | |
| ndship Survey for Teachers | | | |
| Analysis | | ■ | |
| ial Competence Strategies Profile for Early dhood Professionals | | | |
| al Status Questionnaire | | | |
| end Form | | | |
| her Implementation of Intervention | | | |
| her Report of Children's Behaviors | | | |
| her Satisfaction Survey | | | |
| otape of Classroom Freeplay | | ■ | |

## Other Scheduled Site Visits

| e of Visit | Purpose | Completed |
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**Social Competence Curriculum Project**
**Division of Child and Family Studies**
**UCONN Health Center**
**Farmington, CT**

## Day Program Contact Sheet

Child's Name: ______________________________

Name of Child Care Program: ______________________________

Address: ______________________________

______________________________

Contact Person: ____________________ Title: ____________

Phone Number: ______________________________

Program Description: ______________________________

______________________________

Total number of children in class: ______________________________

Number of children with disabilities in class (note: must not exceed 20% of the total enrollment of class): ______________________________

Days that child attends program: ______________________________

Hours that child attends program: ______________________________

Additional comments: ______________________________

______________________________

______________________________

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Directions to program: ______________________________

______________________________

______________________________

______________________________

**Social Competence Curriculum Project**
**Division of Child and Family Studies**
**UCONN Health Center**
**Farmington, Connecticut**

## Demographic Information

Participant Number/Age Point: __________ Date: ____________

Gender: ___________ D.O.B.: _____________

Diagnosis (if known): ________________________________________________

Child lives with:

___ Mother & Father
___ Father
___ Mother
___ Grandparents
___ Adopted Parents
___ Other (specify) ____________________________________________________

Primary language spoken at home: ___________

Other language(s) spoken at home: ___________

Ethnic background: ___________________________ Race: ________________

Marital status of custodial parent(s)/guardian:

___ Married
___ Divorced and remarried
___ Never married
___ Separated
___ Divorced
___ Widowed and remarried
___ Widowed
___ Unmarried, living with partner

**Please list the persons who live with the child:**

| Relationship to child | Date of Birth | Gender | |
|---|---|---|---|
| | | M | F |
| | | M | F |
| | | M | F |
| | | M | F |
| | | M | F |
| | | M | F |
| | | M | F |

**Relation to child:** ____________

Place of employment: ______________________________

Position: ______________________________

Total years of education completed: ______________________________

Degrees/diplomas/certificates: ______________________________

**Relation to child:** ________

Place of employment: ______________________________

Position: ______________________________

Total years of education completed: ______________________________

Degrees/diplomas/certificates: ______________________________

If the child **does not** live his or her biological mother or father, please complete the following information:

**Biological Mother:**

Place of employment: ______________________________

Position: ______________________________

Total years of education completed: ______________________________

Degrees/diplomas/certificates: ______________________________

**Biological Father:**

Place of employment: ______________________________

Position: ______________________________

Total years of education completed: ______________________________

Degrees/diplomas/certificates: ______________________________

Annual total family income (from all sources, including public assistance, child support, etc.):

___ Under $20,000
___ $20,000 - $39,000
___ $40,000 - $59,000
___ $60,000 – $79,000
___ $80,000 - $99,999
___ Above $100,000

# CHILD BEHAVIOR CHECKLIST FOR AGES 2-3

For office use only
ID #

LD'S L NAME First Middle Last

IDER
☐ Boy ☐ Girl

AGE

ETHNIC GROUP OR RACE

DAY'S DATE
_______ Date_______ Yr._______

CHILD'S BIRTHDATE
Mo._______ Date_______ Yr._______

ease fill out this form to reflect *your* view of the child's havior even if other people might not agree. Feel free to print ditional comments beside each item and in the space proled on page 2.

**PARENTS' USUAL TYPE OF WORK, even if not working now** *(Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)*

FATHER'S TYPE OF WORK: ______________________

MOTHER'S TYPE OF WORK: ______________________

THIS FORM FILLED OUT BY:

☐ Mother (full name): ______________________

☐ Father (full name): ______________________

☐ Other—Specify full name & relationship to child: ______________________

elow is a list of items that describe children. For each item that describes the child ***now or within the past 2 months,*** pleas ircle the ***2*** if the item is ***very true*** or ***often true*** of the child. Circle the ***1*** if the item is ***somewhat or sometimes true*** of th hild. If the item is ***not true*** of the child, circle the ***0***. Please answer all items as well as you can, even if some do not seem pply to the child.

**0 = Not True (as far as you know)** **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

1 2 1. Aches or pains (without medical cause)
1 2 2. Acts too young for age
1 2 3. Afraid to try new things
1 2 4. Avoids looking others in the eye
1 2 5. Can't concentrate, can't pay attention for long
1 2 6. Can't sit still or restless
1 2 7. Can't stand having things out of place
1 2 8. Can't stand waiting; wants everything now
1 2 9. Chews on things that aren't edible
1 2 10. Clings to adults or too dependent
1 2 11. Constantly seeks help
1 2 12. Constipated, doesn't move bowels
1 2 13. Cries a lot
1 2 14. Cruel to animals
1 2 15. Defiant
1 2 16. Demands must be met immediately
1 2 17. Destroys his/her own things
1 2 18. Destroys things belonging to his/her family or other children
1 2 19. Diarrhea or loose bowels when not sick
1 2 20. Disobedient
1 2 21. Disturbed by any change in routine
1 2 22. Doesn't want to sleep alone
1 2 23. Doesn't answer when people talk to him/her
1 2 24. Doesn't eat well (describe): ______________________
1 2 25. Doesn't get along with other children
1 2 26. Doesn't know how to have fun, acts like a little adult
1 2 27. Doesn't seem to feel guilty after misbehaving
1 2 28. Doesn't want to go out of home
1 2 29. Easily frustrated
1 2 30. Easily jealous
1 2 31. Eats or drinks things that are not food—**don't** include sweets (describe): ______________________
1 2 32. Fears certain animals, situations, or places (describe): ______________________

0 1 2 33. Feelings are easily hurt
0 1 2 34. Gets hurt a lot, accident-prone
0 1 2 35. Gets in many fights
0 1 2 36. Gets into everything
0 1 2 37. Gets too upset when separated from parents
0 1 2 38. Has trouble getting to sleep
0 1 2 39. Headaches (without medical cause)
0 1 2 40. Hits others
0 1 2 41. Holds his/her breath
0 1 2 42. Hurts animals or people without meaning to
0 1 2 43. Looks unhappy without good reason
0 1 2 44. Angry moods
0 1 2 45. Nausea, feels sick (without medical cause)
0 1 2 46. Nervous movements or twitching (describe): ______________________
0 1 2 47. Nervous, highstrung, or tense
0 1 2 48. Nightmares
0 1 2 49. Overeating
0 1 2 50. Overtired
0 1 2 51. Overweight
0 1 2 52. Painful bowel movements
0 1 2 53. Physically attacks people
0 1 2 54. Picks nose, skin, or other parts of body (describe): ______________________
0 1 2 55. Plays with own sex parts too much
0 1 2 56. Poorly coordinated or clumsy
0 1 2 57. Problems with eyes (without medical cause) (describe): ______________________
0 1 2 58. Punishment doesn't change his/her behavior
0 1 2 59. Quickly shifts from one activity to another
0 1 2 60. Rashes or other skin problems (without medical cause)
0 1 2 61. Refuses to eat
0 1 2 62. Refuses to play active games
0 1 2 63. Repeatedly rocks head or body
0 1 2 64. Resists going to bed at night

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of Vermont, 1 South Prospect St., Burlington, VT 05401

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1 2 65. Resists toilet training (describe): ____________
______________________________
1 2 66. Screams a lot
1 2 67. Seems unresponsive to affection
1 2 68. Self-conscious or easily embarrassed
1 2 69. Selfish or won't share
1 2 70. Shows little affection toward people
1 2 71. Shows little interest in things around him/her
1 2 72. Shows too little fear of getting hurt
1 2 73. Too shy or timid
1 2 74. Sleeps less than most children during day and/or night (describe): ____________
______________________________
1 2 75. Smears or plays with bowel movements
1 2 76. Speech problem (describe): ____________
______________________________
1 2 77. Stares into space or seems preoccupied
1 2 78. Stomachaches or cramps (without medical cause)
1 2 79. Stores up many things he/she doesn't need (describe): ____________
______________________________
1 2 80. Strange behavior (describe): ____________
______________________________
1 2 81. Stubborn, sullen, or irritable

0 1 2 82. Sudden changes in mood or feelings
0 1 2 83. Sulks a lot
0 1 2 84. Talks or cries out in sleep
0 1 2 85. Temper tantrums or hot temper
0 1 2 86. Too concerned with neatness or cleanliness (
0 1 2 87. Too fearful or anxious
0 1 2 88. Uncooperative
0 1 2 89. Underactive, slow moving, or lacks energy
0 1 2 90. Unhappy, sad, or depressed
0 1 2 91. Unusually loud
0 1 2 92. Upset by new people or situations (describe): ____________
______________________________
0 1 2 93. Vomiting, throwing up (without medical cause
0 1 2 94. Wakes up often at night
0 1 2 95. Wanders away from home
0 1 2 96. Wants a lot of attention
0 1 2 97. Whining
0 1 2 98. Withdrawn, doesn't get involved with others
0 1 2 99. Worries
100. Please write in any problems your child has that were not listed above.
0 1 2 ______________________________
0 1 2 ______________________________
0 1 2 ______________________________

ASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

UNDERLINE ANY YOU ARE CONCERNED ABOU

**es the child have any illness or disability (either physical or mental)?** ☐ No ☐ **Yes—Please describe:**

**at concerns you most about the child?**

**ase describe the best things about the child:**

# Family Interview

**Social Competence Curriculum Project**
**University of Connecticut Health Center**
**Department of Pediatrics**
**Division of Child and Family Studies**

**Name:**________________________________________

**Address:**________________________________________

________________________________________________

**Phone:** ____________________

**Date:** ____________________

## Family Attitudes and Beliefs

This portion of the survey will help in understanding your family's lifestyle, values, and beliefs. It is a guide to better understanding how you think your child learns new things and what kinds of things your child may learn as he/she grows, especially in the area of making friends and socializing with others.

## Family Routines and Daily Activities

1. Describe a typical day in your family's life. Include your daily routines and activities, the things you do to "get through the day".

________________________________________________

________________________________________________

________________________________________________

________________________________________________

2. What are some daily routines (bathing, feeding dressing, bedtime) that your child enjoys?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

3. Are there any daily routines that are particularly difficult to carry out with your child? How does your family cope with difficult tasks and routines (such as mealtime with a child who is a poor eater or who has feeding problems/difficulty eating)?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

4. Describe any special activities or celebrations (holidays, birthdays, trips, outings, hobbies or special interests) that your family enjoys doing together.

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

5. What are some special activities, games, toys, or outings that your child particularly enjoys?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

6. In thinking about all of the goals listed on your child's IFSP, what do you think are the most important skills for your child to learn? (For example: Learning to walk independently, Learning to talk and communicate, Learning to feed him/herself, Being able to play with toys on his/her own, Learning to play with and get along with other children)

__________________________________________________________

__________________________________________________________

__________________________________________________________

7. Each child learns about things in his/her own way. Below are some of the ways in which a child may learn. Which way(s) do you think best describe the way your child learns? Check all boxes that apply.

☐ By "hands-on" experience and exploring the world

☐ By practicing skills taught through therapy

☐ By having someone explain what to do

☐ By trial and error

☐ By being punished for certain behaviors

☐ By watching and imitating other children

☐ By being praised or rewarded for certain behaviors

☐ By playing with other children

8. If you were to choose an ideal program that you feel is best for your child, what would it be like? (small group vs. large group, structured vs. unstructured, segregated vs. inclusive)

__________________________________________________________

__________________________________________________________

__________________________________________________________

## Making Friends

1. How important is it to you that your child be able to make friends with other children and get along well with other children?

| Very important | Somewhat important | Not at all important |
|---|---|---|
| 3 | 2 | 1 |

2. When your child plays with other children, what are some of the things s/he does well?

______________________________________________________________

______________________________________________________________

______________________________________________________________

3. Some parents think that children do well in certain areas (such as playing with other children) because of "who they are" while others believe that children do well because they have had certain experiences which have helped them to develop certain types of skills (For example, having opportunities to play with other children is one way children learn to get along well with others.). How much do you think your child's strengths are due to "who s/he is" and how much do you think they are due to his/her experiences?

☐ It's almost all due to experience

☐ Experience can play a large role, but it's mostly "who s/he is"

☐ Experience can play a small role, but it's mostly just "who s/he is"

☐ It's almost all due to "who s/he is"

4. Is there anything your child does when playing with others that cause problems?

______________________________________________________________

______________________________________________________________

______________________________________________________________

5. Some parents believe that children have problems getting along with others because of "who they are" while others believe that children have problems because of certain experiences they have or have not had. How much do you think these problems are due to "who s/he is" and how much do you think they are due to certain experiences?

☐ It's almost all due to experience

☐ Experience can play a large role, but it's mostly "who s/he is"

☐ Experience can play a small role, but it's mostly just "who s/he is"

☐ It's almost all due to "who s/he is"

6. Some of the things a child must learn in order to make friends and get along with others are: How to get acquainted with someone new, how to join a group of children who are already playing together, how to solve problems or arguments over toys, and how to get others to do what he/she wants them to do. How do you think your child learns/will learn how to get along with other children?

☐ Simply by getting a chance to play with other children

☐ By watching others

☐ By having an adult explain what to do in certain situations

☐ By being told what to do by an adult

☐ By being rewarded or punished for certain behaviors

7. Does your child's IFSP contain any goals that focus on developing social skills? If so, what are the goals?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

8. What are some games or activities you do with your child at home to help him/her learn how to get along with other children?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

**Giving your Child a Sense of Security**

Young children are able to grow and learn best when they feel secure in their relationships with their parents and/or with others who care for them on a regular basis (older siblings, grandparents, aunts and uncles, day care teacher). To a young child, "feeling secure" means knowing that his/her basic needs such as the need for food, comfort, rest and affection will be met by the person who is caring for him/her. This feeling of security helps the child to learn to trust others, to know that he/she can get what he/she needs by letting others know, and that people often take turns in responding to one another. Young children also need to know that they can feel secure in going off on their own to explore things around them, including other people. They should know that if they become frightened or uncomfortable, they can return to their parent or caregiver for comfort and a feeling of safety. When a child is able to use hi/her parent or caregiver as a "home base" in this way, he/she is more likely to explore the world around him/her. This helps the child to learn about things and people. It may also encourage the child to explore new situations more freely (new preschool classroom, friend's house).

1. When your child is in a new, unfamiliar place, does he/she explore on his/her own?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

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2. When you are leaving your child for a short period of time (going into the next room, dropping him/her off at child care program), how does your child react to being separated from you?

3. Does your child show any behaviors such as clinging, hanging on, crying when left for a brief period that you would like to change or stop? What are they?

4. Think of a situation in which your child has become frightened, upset, or anxious. When your child is frightened, upset, anxious, or, how does he/she behave toward you?

## Having Fun with your Child

The way in which you react to your child's behavior is important to what your child learns about interacting with others, including other children. This section will ask about some of the ways you respond to your child when he/she has trouble with daily routines, does not do what you ask, and does not seem to enjoy interacting with you. This section will also help to identify activities and routines in which you can enjoy playing with and interacting with your child.

1. How often do you play with your child?

☐ At least once a day

☐ Couple of times a week

☐ Once a week

☐ Couple of times a month

☐ Once a month or less

2. In what types of play activities do **you** usually participate with your child? (playing with toys, reading stories, taking a walk, outdoor active play, pretending, simple games)

________________________________________

________________________________________

________________________________________

________________________________________

3. When you play with your child, **who** usually decides what toys to use and what activities to do? (you or the child)?

________________________________________

________________________________________

________________________________________

4. Is there anything at all about your child's play that concerns or worries you? (behaviors, overstimulation, aggression, not focusing on toys)

____________________________________________________________

____________________________________________________________

____________________________________________________________

**Playing with Other Children**

One of the ways children learn to make friends and get along with other children is to have many opportunities to play with other children. Sometimes it is helpful for parents to arrange for children to play together by inviting friends over to play, or bringing children to play groups. This section will ask about the opportunities your child has to play with other children and what types of things they do when playing together.

### Your Child's Opportunities for Play with Others

1. Some parents do things such as arrange for friends to come over and play, enroll their children in play groups, etc. How often do you arrange "play dates" or other opportunities for your child to play with other children?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

2. When your child plays with other children, what types of activities and toys does s/he enjoy?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

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3. Parents adopt different strategies for watching over or supervising children when they are playing at home. How much of the time (%) do you watch what is going on whenyour child is playing with other children by watching from the same room, listening rom a distance, or letting them play by themselves with no monitoring?
%

___ Watch play in the same room as children

___ Listen to play from another room or from a distance

___ No monitoring, they are allowed to play on their own

4. How frequently do you do the following activities when your child is playing with other children?

| | Frequently | Sometimes | Occasionally | Rarely/Never |
|---|---|---|---|---|
| **Before Play** | | | | |
| Set up the situation to encourage play (for example, provide toys the children like, keep older children away) | 1 | 2 | 3 | 4 |
| **During Play** | | | | |
| Suggest play activities | 1 | 2 | 3 | 4 |
| Suggest ways to play the help children play positively (Sharing, turn taking) | 1 | 2 | 3 | 4 |
| Direct your child's play | 1 | 2 | 3 | 4 |
| Join in the play | 1 | 2 | 3 | 4 |
| **During Conflicts** | | | | |
| Help children resolve verbal conflicts (name calling, teasing that's mine) | 1 | 2 | 3 | 4 |
| Help children resolve physical conflicts (pushing, hitting, grabbing toys) | 1 | 2 | 3 | 4 |
| **After Play** | | | | |
| Discuss the problem after the play is over | 1 | 2 | 3 | 4 |
| Point out what went well | 1 | 2 | 3 | 4 |

5. Do you have any particular concerns or worries about your child's play with others?

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**Family Stress and Support**

It is sometimes difficult to concentrate on helping your child learn and grow when you have many concerns and worries about your family. You may also have certain people in your life who have been helpful to you in caring for your child. This section will help you to understand the areas of your family life which are stressful or cause you to worry and to point out who and what has been helpful to you as you raise your child.

1. What are some of the things that you do for yourself regularly to manage or relieve stress? (For example, take a walk, talk to a friend or family member, talk to a therapist or other professional, listen to music, exercise, pray or go to church)

______________________________________________

______________________________________________

______________________________________________

______________________________________________

2. Think about some of the people in your life (family members, partner or spouse, friends, neighbors) who have been helpful to you in taking care of your child. In what ways have they been helpful? (running errends, baby-sitting, buying toys, clothing or food, helping with household tasks, being available when you need someone to talk to or for recreation)

______________________________________________

______________________________________________

______________________________________________

______________________________________________

# Family Support Scale

Carl J. Dunst, Vicki Jenkins, & Carol M. Trivette

ime: ______________________________ Date: ______________

ited below are people and groups that oftentimes are helpful to members of a family raising a young ld. This questionnaire asks you to indicate how helpful each source is to your family.

Please circle the response that best describes how helpful the sources have been to your family ring the past 3 to 6 months. If a source of help has not been available to your family during this iod of time, circle the NA (Not Available) response.

| w helpful has each of the following been you in terms of raising your child(ren): | Not Available | Not at All Helpful | Sometimes Helpful | Generally Helpful | Very Helpful | Extremely Helpful |
|---|---|---|---|---|---|---|
| My parents | NA | 1 | 2 | 3 | 4 | 5 |
| My spouse or partner's parents | NA | 1 | 2 | 3 | 4 | 5 |
| My relatives/kin | NA | 1 | 2 | 3 | 4 | 5 |
| My spouse or partner's relatives/kin | NA | 1 | 2 | 3 | 4 | 5 |
| Spouse or partner | NA | 1 | 2 | 3 | 4 | 5 |
| My friends | NA | 1 | 2 | 3 | 4 | 5 |
| My spouse or partner's friends | NA | 1 | 2 | 3 | 4 | 5 |
| My own children | NA | 1 | 2 | 3 | 4 | 5 |
| Other parents | NA | 1 | 2 | 3 | 4 | 5 |
| Co-workers | NA | 1 | 2 | 3 | 4 | 5 |
| Parent groups | NA | 1 | 2 | 3 | 4 | 5 |
| Social groups/clubs | NA | 1 | 2 | 3 | 4 | 5 |
| Church members/minister | NA | 1 | 2 | 3 | 4 | 5 |
| My family or child's physician | NA | 1 | 2 | 3 | 4 | 5 |
| Early childhood intervention program | NA | 1 | 2 | 3 | 4 | 5 |
| School/day-care center | NA | 1 | 2 | 3 | 4 | 5 |
| Professional helpers (social workers, therapists, teachers, etc.) | NA | 1 | 2 | 3 | 4 | 5 |
| Professional agencies (public health, social services, mental health, etc.) | NA | 1 | 2 | 3 | 4 | 5 |
| ______________________ | NA | 1 | 2 | 3 | 4 | 5 |
| ______________________ | NA | 1 | 2 | 3 | 4 | 5 |

rce: C.J. Dunst, C.M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice.* Cambridge, MA: Brookline Books. May be reproduced.

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# Friendship Survey
# for Parents & Caregivers

Child's name: ______________________________ D.O.B.: __________
Person completing form: ______________________
Relationship to child: _________________________ Date: ____________

## Part A. Mutual Friendships

Some young children often show a special interest in each other and often prefer to play or spend time together.

1. Does your child currently choose to spend time playing with or near a particular child?

Yes No

If so, does that child actively choose to spend time playing with or near your child?

Yes No (if no, skip to Part B)

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2. Now think about the child you noted above as you answer the following questions:

   a. Write the first name of this child: ______________________

   b. Where does your child play with this child? (check all that apply)
      ___ at day care
      ___ in the neighborhood
      ___ other (please explain) ______________________

   c. Is this child a boy or a girl? Boy Girl

   d. How old is this child? ______________________

   e. Does this child have any disabilities?
      Yes No Don't Know

   f. Is your child related to this child?
      Yes No
      If yes, is this child your child's brother or sister? ____________

   g. How long have these two children shown an interest in one another?
      ______________________________________

3. What do your child and this other child do that makes you think they enjoy each other's company?

   ______________________________________
   ______________________________________
   ______________________________________

4. In your opinion, what has helped these children form such a bond?

   ______________________________________
   ______________________________________
   ______________________________________

## Part B. Your Child's Interest in Another Child

Sometimes a young child may show an interest in forming a friendship with another child even though the other child does **not** seem to show a similar interest in your child.

1. Does your child currently show an interest in playing with another child who does **not** seem to show a similar interest in playing with your child? Do not include a child who could be considered a mutual friend.

Yes Not Sure No
(if not sure or no, skip to Part C)

2. Now think about the child noted above who does not share your child's interest in playing together as you answer the following questions. Is this child related to your child?

Yes No

If yes, is this child your child's brother or sister? ____________________

a. Where are the children together?
   ___ at day care
   ___ in the neighborhood
   ___ other (please explain) ______________________________

b. What does **your child** do to make you think he or she is interested in playing with **the other child**?

______________________________________________________

______________________________________________________

______________________________________________________

c. What does **the other child** do to make you think he or she is **not** interested in playing with **your child**?

______________________________________________________

______________________________________________________

______________________________________________________

3. In your opinion, what would help these children play together more frequently and possibly become friends?

______________________________________________________

______________________________________________________

## Part C. Another Child's Interest in Your Child

Sometimes another child may show an interest in playing with a child who does not seem to show a similar interest in playing with that child.

1. Does another child currently show an interest in playing with your child even though your child does **not** seem to show a similar interest in playing with the other child? Do not include children who could be considered mutual friends.

   Yes Not Sure No
   (if not sure or no, stop here)

2. Now, think about the child noted above who shows an interest in playing with your child as you answer the following questions.
   Is this child related to your child?
   Yes No
   If yes, is this child your child's brother or sister? ____________

   a. Where are the children together?
      ___ at day care
      ___ in the neighborhood
      ___ other (please explain) ____________

   b. What does **the other child** do to make you think he or she is interested in playing with your child?
      ____________
      ____________

   c. What does **your child** do to make you think he or she is **not** interested in playing with the other child?
      ____________
      ____________

3. In your opinion, what would help these children play together more frequently and possibly become friends?
   ____________
   ____________

**Adapted from:** Buysse, V. (1994). Early Childhood Friendship Survey for Teachers. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

# Friendship Survey for Teachers

Child's Name: ______________________________ D.O.B.: __________
Person Completing Form: ______________________ Title: ___________
Date: ______________

## Child Demographic Information

Does the child use any special devices or adaptive equipment? Yes No

If yes (a) please specify: ____________________________________

(b) to what extent does the child's use of special devices or adaptive equipment seem to interfere with the child's interactions with other children?

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | | Somewhat | | Makes it extremely difficult |

Does the child have an unusual appearance: Yes No

If yes (a) please specify: ____________________________________

(b) To what extent does the child's appearance seem to interfere with the child interactions with other children?

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | | Somewhat | | Makes it extremely difficult |

Does the child have any unusual behaviors or actions? Yes No

If yes (a) please specify: ____________________________________

(b) To what extent do the child's behaviors or actions seem to interfere with the child's interactions with other children?

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | | Somewhat | | Makes it extremely difficult |

## Part A. Mutual Friendships

Some young children often show a special interest in each other and often prefer to play or spend time together.

1. Does the child choose to spend time playing with or near a particular classmate?

   Yes No

   If so, does that classmate actively choose to spend time playing with or near the child?

   Yes No (if no, skip to Part B)

2. Now think about the classmate you noted above as you answer the following questions:

   a. Write the first name of this classmate: ____________________
   b. Is this classmate a boy or a girl? Boy Girl
   c. How old is this classmate? ____________________
   d. Does this classmate have any disabilities?
      Yes No Don't Know
   e. How long have the two children shown an interest in one another?
      ____________________

3. What do the child and this classmate do that makes you think they enjoy each other's company?

   ____________________
   ____________________
   ____________________

4. In your opinion, what has helped these children form such a bond?

   ____________________
   ____________________
   ____________________

## Part B. The Child's Interest in Another Classmate

Sometimes a young child may show an interest in forming a friendship with another classmate even though the classmate does **not** seem to show a similar interest in the child.

1. Does the child currently show an interest in playing with another classmate who does **not** seem to show a similar interest in playing with the child? Do not include a classmate who could be considered a mutual friend.

   Yes Not Sure No
   (if not sure or no, skip to Part C)

2. Now think about the classmate noted above who does not share the child's interest in playing together as you answer the following questions.

   a. What does **the child** do to make you think he or she is interested in playing with **the other classmate**?

   ______________________________
   ______________________________
   ______________________________

   b. What does **the other classmate** do to make you think he or she is **not** interested in playing with **the child**?

   ______________________________
   ______________________________
   ______________________________

3. In your opinion, what would help these children play together more frequently and possibly become friends?

   ______________________________
   ______________________________
   ______________________________
   ______________________________

## Part C. Another Classmate's Interest in the Child

Sometimes another classmate may show an interest in playing with a child who does not seem to show a similar interest in playing with the classmate.

1. Does another classmate currently show an interest in playing with the child even though the child does **not** seem to show a similar interest in playing with the classmate: Do not include classmates who could be considered mutual friends.

   Yes Not Sure No
   (if not sure or no, stop here)

2. Now, think about the classmate noted above who shows an interest in playing with the child as you answer the following questions.

   a. What does **the other classmate** do to make you think he or she is interested in playing with the child?

   ______________________________
   ______________________________
   ______________________________

   b. What does **the child** do to make you think he or she is **not** interested in playing with the other classmate?

   ______________________________
   ______________________________
   ______________________________

3. In your opinion, what would help these children play together more frequently and possibly become friends?

   ______________________________
   ______________________________
   ______________________________
   ______________________________

**Adapted from:** Buysse, V. (1994). Early Childhood Friendship Survey for Teachers. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

# IFSP/IEP Outcomes & Objectives Analysis
# Procedure and Coding Manual

(Revised July 22, 1998)

The procedures for coding the IFSP's and IEP's for the children participating in the Increasing Children's Learning Opportunities Early Childhood Research Institute are described in this manual. The methods and coding scheme are adopted from those developed by Notar-Syverson and Lerner Shuster (1995). The coding methods have been modified in order to make judgments about the extent to which individual outcomes(IFSPs) and goals(IEPs) and the interventions to accomplish the stated interventions are conducted in the context of family and community activity settings (Dunst, Bruder, et al., 1998) and the extent to which the outcomes and objectives promote participation in family and community activity settings. The rater should highly familiarize him or herself with the definitions of activity settings described in Dunst, Bruder, et al. (1998), and the distinctions between locations, activity settings and learning opportunities for items 10 - 22.

This coding manual includes procedures for rating the following aspects of IFSPs/IEPs:

- Foci of the Document (Child or Family),
- Developmental Domain of the Outcomes and Objectives,
- Functionality,
- Generalization,
- Instructional Contexts, and ,
- Measurability.

The rater should complete the form in its entirety, including the Child's ID Number, Name, Age, and Date that the IFSP/IEP was completed.

## A. IFSP or IEP

Indicate the kind of plan being coded by circling the appropriate number.

1...**IFSP**

2…IEP

## B. IFSP/IEP Outcomes and Objectives

The rater should compile a list of every outcome or goal, and accompanying objective and intervention activity included on the child's IFSP or IEP on the IFSP/IEP Coding Sheet. The aggregate information for a single outcome or goal is used for making the ratings in each area described next.

## C. Foci of the IFSP/IEP

### (1) Child/Family/Both Areas

Indicate for each of the outcomes or goals on the child's IFSP/IEP whether the goal is for the child, family, or both, using the following criteria:

1…**Child**. The outcome or goal is directly related to the child's health, development, or behavior.

2…**Family**. The outcome or goal relates to concerns or issues the family may have, not specific to the child, associated with family functioning. This may include such things as learning to speak English, seeking employment or acquiring housing. This also includes outcomes or goals related to family support, acquiring respite services, or increasing the family's participation in recreation activities.

3…**Both Child and Family**. The outcome or goal reflects a family concern specifically related to the child such as helping the family learn how to feed the child successfully in order to improve the child's health and nutritional status, helping the family access adaptive equipment, acquiring knowledge/education about the child's condition or including the child in family outings.

### (2) Professional vs. Lay Language

Indicate the nature of the language used in the plan for each outcome or goal.

1…**Professional language:** Technical or assessment terms such as "10 month sensorymotor level", "passive range of motion", or "pincer grasp".

2...**Lay language:** Clear, non-technical words such as "picks up food using thumb and pointer finger".

## D. Developmental Domain/Area(s)

This section asks you to code each outcome/goal according to the following developmental domains and behavior categories:

**(3) Content Areas**

1...**Gross Motor:** This developmental domain concerns the child's large motor skills such as walking, balance and coordination, strength and use of upper extremities, or strength and use of lower extremities.

2...**Fine Motor:** This developmental domain concerns the child's fine motor skills such as the use of the hands and fingers, or tasks that require manual dexterity such as picking up small pieces of food with the fingers or playing with small toys.

3...**Communication:** This domain concerns the child's ability to use words, gestures, or signs to indicate his/her needs or wants.

4...**Recreation/Leisure:** This domain concerns involvement in formal or informal community or home activities that promote recreation or leisure skills such as swimming, walking, crafts, music, reading, etc.

5...**Self-Help:** This domain concerns the child's ability to perform activities of daily living such as dressing, feeding, and toileting.

6...**Social/Emotional:** This domain concerns the child's social development and interactions with others (peers and adults) or emotional/behavioral concerns such as addressing anxiety, parent-child separation problems, tantrums, and biting.

7...**Cognitive:** This domain concerns outcomes or goals designed to address the child's conceptual development, thinking skills, memory, and perceptual discrimination skills.

8...**Oral Motor:** This domain addresses skills in the area of coordination of movements of the oral muscles for feeding and communication. (If the outcome or goal addresses oral motor skills only, this domain should be recorded. If the oral motor outcome or goal is focused on improving the child's oral motor skills for the purpose of improving communication skills, the communication domain should be scored.)

9...**Vision:** This domain addresses the child's vision. This may include outcomes or goals related to assessing the child's vision or obtaining vision therapy.

10...**Health-related:** This domain addresses the child's health or nutritional status. This may include outcomes or goals related to medical evaluation and diagnostics, medical procedures, or nutritional issues.

11...**Other:** This category should be used for any outcomes or goals that cannot be classified as one of the domains listed above. This may include sensory awareness/integration outcomes or goals, family outcomes/goals such as family support, education, or respite, and outcomes or goals related to the child's play skills (not social interaction skills). A compilation of these areas should be developed so that additional categorizations can be made.

12...Family Education/Support, Respite Care
13...Receive Services/equipment
14...Sensory Issues
15...Daycare/Preschool
16...Transition
17...All Domains

### (4) Integration of at Least Two Developmental Domain Areas

Indicate whether the identified outcome or goal incorporates or integrates more than one domain area. For example, an outcome or goal may address communication in conjunction with oral motor skills or play skills along with social skills, and fine motor skills along with self-help skills.

0...Outcome/goal **does not** incorporate or integrate more than one domain area.
1...Outcome/goal **does** incorporate or integrate more than one domain area.

## E. Functionality

### (5) Increases Interaction With People and Objects

Indicate whether the skill increases the child's ability to interact with people and objects within the daily environment. In order for an outcome or goal to be considered functional, the child should need to perform the skill in all or most of the environments in which he or she interacts. For example, whereas the outcome or goal of placing objects into a container is not functional, placing a sweater in a drawer, cookies in a paper bag (at home); placing snack in cubbyhole, trash in trash bin (at child care); or placing milk carton in grocery cart, rocks and soil in flower pot (in the community) would be considered functional.

0...Outcome/goal **does not increase** interaction with people and objects.
1...Outcome/goal **increases** interaction with people and objects **a little.**
2...Outcome/goal **increases** interaction with people and objects **a lot.**

### (6) Meaningfulness/Importance of Behavior

Indicate whether the outcome/goal is a behavior or skill that is critical for completion of daily routines, and performing important day-to-day functions. A behavior is considered critical if it permits the child to perform adaptive functions such as feeding, walking, talking, etc. that have important consequences. Walking up and down stairs in a therapy room would be considered non-critical, where as walking up stairs in a child's house to go to the bathroom would be critical.

0...Outcome/goal is **not critical** for daily living.
1...Outcome/goal is **somewhat critical** for daily living.
2...Outcome/goal is **highly critical** for daily living.

## F. Generality

### (7) General Concept vs. Specific Task

Indicate whether the outcome/goal represents a general concept or class of responses that correspond to a specific task or the skill represents a general concept. The target skill should emphasize a general process or concept rather than a specific skill or task. For

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example, fitting objects into defined spaces can be practiced by putting mail in the mailbox, placing crayons in a box, or putting cutlery into a sorter. The skill of being able to fit objects into define spaces is general. An example of a specific task is requiring the child to place a certain number of shapes in a shape sorter or to complete a form board containing a few pieces.

0…Outcome/goal can be classified as a **Specific Task.**

1…Outcome/goal can be classified as a **General Concept**.

### (8) Allows for Individual Adaptations and Modifications

Indicate whether the outcome/goal can be adapted or modified for a variety of disabling conditions. The child's impairment should interfere as little as possible with the performance. An outcome or goal such as correctly activating a simple toy can be adapted for a variety of disabling conditions. For example, children with motor impairments can activate light, easy to move toys (e.g., balls, rocking horse, toys on wheels, roly-poly toys) while children with visual impairments can activate large, bright, noise-making toys (e.g., bells, drums, large rattles).

0…Outcome/goal **does not allow** for individual adaptations and modification.

1…Outcome/goal **allows** for individual adaptations and modifications.

### (9) Generalized Across Settings, Materials, and People

Indicate whether the outome/goal can be generalized across a variety of setting, materials, and/or people. The child should be able to perform the skill with interesting materials and in meaningful real-life situations. For example, manipulating two small objects simultaneously can be done at home (threading shoelaces on shoes); at day program (building with small interlocking blocks, stringing beads); or the community (taking coins out of a small wallet).

0…Skill **cannot be** generalized across setting, materials, and people.

1…Skill **can be** generalized across setting, materials, and people.

## G. Instructional Context

### (10) Occurs in Naturalistic Manner With Natural Materials

Indicate whether the outcome/goal will be taught in a way that reflects the manner in which the skill will be used in daily environments and day-to-day living. Will the skill be taught using everyday objects in everyday settings? For example, fine motor manipulation of objects can be taught and practiced through everyday activities such as putting a straw into a juice box, pushing buttons on the telephone or remote control, dropping bread crumbs in a duck pond, and picking up small pieces of food with one's fingers. Fine motor skills can also be taught using teaching materials such as peg boards and manipulative toys. It is preferable that such skills be taught in a way that relates to the way in which the child will use the skill in everyday activities.

0...Outcome/goal **does not occur** in naturalistic manner with natural materials.
1...Outcome/goal **occurs** in naturalistic manner with natural materials.

### (11) Home Activity Setting-Based Interventions

Indicate the extent to which each outcome or goal, and associated objective or intervention activity is done as part of and in context of home activity settings. The code for this part pertains to whether the outcome or goal is actually done in the context of and activity setting. To what extent is the outcome or goal, and associated objective or intervention activity done as part of typically occurring home activity settings?

1...**Not at All** Done in Activity Settings
2...**Partially** Done in Activity Settings
3...**Entirely** Done in Activity Settings

**(12) If partially or entirely, which home activity setting(s)?** The activity setting has to be specifically stated to be coded, otherwise it is coded as a '99' indicating the activity setting was not stated.

1...Cargiving/self-care
2...Chores
3...Family celebrations
7...Play
8...Religion
9...Shopping/errands

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4…Family outings
5…Hanging out
6…Meal time
10…Transitions
11…Other home activity setting (specify)
99…Not stated

### (13) Promotes Participation in Home Activity Settings

The code for this item pertains to whether the outcome or goal makes it possible for the child to increase his or her participation in activity settings. Indicate the extent to which each outcome or goal, and associated objective or intervention activity promotes or enhances the child's participation in **home activity settings**. To what extent does the outcome or goal, and associated objective or intervention activity promote the child's participation in **home activity settings?**

**1…Not At All**
**2…A Little**
**3…A Lot**

### (14) Elicited within Home Activity Settings

The code for this item pertains to whether the outcome or goal could be done in the context of an activity setting in ways that are normative and not disruptive of life functioning. Indicate whether the skill can be elicited easily by a teacher or parent within home activity settings. The skill should be easily initiated by the child as part of his or her daily routines and activities.

0…Outcome/goal **cannot be** elicited easily within activity settings in the home.
1…Outcome/goal **can be** elicited easily within activity settings in the home.

### (15) Community Activity Setting-Based Interventions

Indicate the extent to which each outcome or goal, and associated objective or intervention activity is done as part of, and in the context of community activity settings. The code for this item pertains to whether the outcome or goal is actually done in the context of an activity setting. To what extent is there evidence that the outcome or goal,

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and associated objective or intervention activity is done as part or in context of typically occurring community activity settings?

1...**Not at All** Done in Activity Settings
2...**Partially** Done in Activity Settings
3...**Entirely** Done in Activity Settings

**(16) If partially or entirely, which community activity setting(s)?** The activity setting has to be specifically stated to be coded, otherwise it is coded as a '99' indicating that activity setting was not stated.

1...Amusements/attractions
2...Arts/culture
3...Clubs/organizations
4...Community celebrations
5...Family outings
6...Learning/education
7...Outdoor activities
8...Parks/recreation
9...Parent and child
10...Other community activity settings (specify)
99...Not stated

**(17) Promotes Participation in Community Activity Settings**

The code for this item pertains to whether the outcome or goal makes it possible for the child to increase his or her participation in **community activity settings**. To what extent is there evidence that the outcome or goal, and associated objective or intervention activity promotes participation in typically occurring **community activity settings?**

1...**Not At All**
2...**A Little**
3...**A Lot**

**(18) Elicited within Community Activity Settings**

The code for this item pertains to whether the outcome or goal could be done in the contxt of an activity settingin ways that are normative and not disruptive of life

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functioning. Indicate whether the skill can be elicited easily by a teacher or parent within community activity settings. The skill should be easily initiated by the child as part of his or her daily routines and activities.

0…Outcome/goal **cannot be** elicited easily within activity settings in the community.

1…Outcome/goal **can be** elicited easily within activity settings in the community.

### (19) Classroom Activity Setting-Based Interventions

Indicate the extent to which each outcome or goal, and associated objective or intervention activity is done as part of and in context of classroom activity settings. The code for this item pertains to whether the outcome or goal is actually done in context of an activity setting. To what extent is there evidence that the outcome or goal, and associated objective or intervention activity is done as part of typically occurring classroom activity settings?

1…**Not at All** Done in Activity Settings

2…**Partially** Done in Activity Settings

3…**Entirely** Done in Activity Settings

99…**No** indication child is enrolled in **classroom/child care setting.**

**(20) If partially or entirely, which classroom activity setting(s)?** The activity setting has to be specifically stated to be coded, otherwise it is coded as a "99" indicating the activity setting was not stated.

1…Indoor free play

2…Circle time/structured activity

3…Outdoor free play

4…Snack/meal time

5…Washing/toothbrushing/toileting

6…Nap/rest

7…Transition

99…Not stated

### (21) Promotes Participation in Classroom Activity Setting

The code for this item pertains to whether the outcome or goal makes it possible for the child to increase his or her participation in **classroom activity settings.** To what extent is there evidence that the outcome or goal, and associated objective, or intervention activity promotes participation in typically occurring **classroom activity settings?**

1…**Not At All**

2…**A Little**

3…**A Lot**

**(22) Elicited within Classroom Activity Settings**

The code for this item pertains to whether the outcome or goal could be done in the context of an activity setting in ways that are normative and not disruptive of life functioning. Indicate whether the skill can be elicited easily by a teacher or parent within the classroom activity setting. The skill should be easily initiated by the child as part of his or her daily routines and activities.

0…Outcome/goal **cannot be** elicited easily within activity settings in the classroom.

1…Outcome/goal **can be** elicited easily within activity settings in the classroom.

## H. Measurability

**(23) Skill Can be Identified Accurately by Different Observers**

Indicate whether the skill can be seen or heard. Different observers must be able to identify the same behaviors. An example of a measurable outcome or goal is: "The child will gain some one's attention and refer to an object, person, and/or event." An example of a non-measurable outcome or goal is: "The child will experience a sense of self-importance."

0…Outcome/goal **cannot be** identified accurately by different observers.

1…Outcome/goal **can be** identified accurately by different observers.

**(24) Skill is Operationalized**

Indicate whether the skill is defined clearly. An example of an operationalized outcome or goal is: "The child will choose between two objects via eye gaze." An example of an outcome or goal that is not operationalized is: "The child will obtain desired objects in his or her environment." The child, for example, might obtain objects by communicating his/her wants to another person, or might acquire locomotions so that he/she can obtain objects him/herself. This outcome is not operationalized because it does not specify how the child will obtain objects in his/her environment.

0…Skill **is not** operationalized.

1…Skill **is** operationalized.

**(25) Skill Can Be Directly Counted (Frequency, Duration, Distance)**

This refers to whether the outcome or goal can be directly counted (e.g., by frequency, duration, or distance measures). In order for a skill to be measured in such a way it must be an activity or behavior that is well-defined.

0…Skill **cannot be** directly counted.

1…Skill **can be** directly counted.

**(26) There is a Statement of Performance Criteria**

Indicate whether a performance criterion has been stated for the outcome or goal. An example of a performance criterion is: "The child will follow one-step directions with contextual cues three times for three consecutive days". An example of an outcome or goal without a performance criterion is: "The child will follow one-step directions during circle time".

0…Performance criteria **has not been stated** for this outcome/goal.

1…Performance criteria **has been stated** for this outcome/goal.

**(27) Performance Criterion Accurately Reflects Skill**

Indicate whether the performance criterion should correspond to the skill. A performance criterion that corresponds to a skill is: "The child will follow a one-step direction without assistance each day during circle time". A performance criterion that does not correspond to the skill is: "The child will feed himself with 75% accuracy". This performance criterion does not correspond to the skill because "accuracy" is an inappropriate measure of the child's ability to feed himself. A more appropriate performance criterion for such an outcome might be, "The child will feed himself a small quantity of food at each meal, each day". Note: If the performance criterion has not been stated (previous item), do not rate this item. Record "N/A" on the coding sheet to indicate "not applicable".

0…Performance criterion **does not accurately reflect** the outcome/goal.

1…Performance criterion **accurately reflects** the outcome/goal.

**(28) Short Term Objectives**

Many IFSP/IEP outcomes/goals are broken down into smaller steps, known as short-term objectives. Indicate for each outcome/goal listed in the child's IFSP/IEP whether short-term objectives are provided.

0…Short-term objectives **are not provided** for the outcome/goal.

1…Short-term objectives **are provided** for the outcome/goal.

## References

Dunst, C.J., Bruder, M.B., Raab, M. & McLean, M. (1998, May). Increasing children's learning opportunities through families and communities early childhood research institute. Year 2 Progress Report submitted to U.S. Dept. of Education, Office of Special Education Programming, Early Education Program for Children with Disabilities.

Notar-Syverson, A., & Lerner Shuster, S. (1995). Putting real-life skills into IEP/IFSPs for infants and young children. Teaching Exceptional Children., 29-32.

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# IFSP/IEP OUTCOMES & OBJECTIVES ANALYSIS FORM

ID#:__________ Child's Name:______________________________ Age:__________

**IFSP/IEP :(circle one)**

1. IFSP 2. IEP Date of IFSP/IEP:______________

**IFSP/IEP Outcome/Goal Analysis***

**Outcome/Goal #**

| | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **Child/Family/Both Area** | | | | | | | | | | |
| 2 | **Professional vs. Lay Language** | | | | | | | | | | |
| 3 | **Developmental Domain** | | | | | | | | | | |
| 4 | **Represents integration of at least two developmental domains** | | | | | | | | | | |
| | **Functionality** | | | | | | | | | | |
| 5 | Increase interaction with people & objects | | | | | | | | | | |
| 6 | Meaningfulness/importance of behavior | | | | | | | | | | |
| | **Generality** | | | | | | | | | | |
| 7 | Specific task vs. general concept | | | | | | | | | | |
| 8 | Allows for individual adaptations and modifications | | | | | | | | | | |
| 9 | Generalized across settings, materials, and people | | | | | | | | | | |
| | **Instructional Context** | | | | | | | | | | |
| 10 | Occurs in naturalistic manner with natural materials | | | | | | | | | | |
| 11 | **Home** activity setting-based intervention | | | | | | | | | | |
| 12 | If partially or entirely, which **home** activity setting(s)? | | | | | | | | | | |
| 13 | Promotes participation in **home** | | | | | | | | | | |
| 14 | Elicited within **home** activity setting | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | **Community** activity setting-based interventions | | | | | | | | | | |
| 16 | If partially or entirely, which **community** activity setting(s) | | | | | | | | | | |
| 17 | Promotes participation in **community** | | | | | | | | | | |
| 18 | Elicited within **community** activity setting | | | | | | | | | | |
| 19 | **Classroom** activity setting-based interventions | | | | | | | | | | |
| 20 | If partially or entirely, which **classroom** activity setting | | | | | | | | | | |
| 21 | Promotes participation in **classroom** | | | | | | | | | | |
| 22 | Elicited within **classroom** activity setting | | | | | | | | | | |

**Measurability**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | Skill can be identified accurately by different observers | | | | | | | | | | |
| 24 | Skill is operationalized | | | | | | | | | | |
| 25 | Skill can be directly counted (frequency, duration, distance) | | | | | | | | | | |
| 26 | There is a determination of performance | | | | | | | | | | |
| 27 | Performance criterion accurately reflects skill | | | | | | | | | | |
| 28 | **Short Term Objective** | | | | | | | | | | |

*** Please consult the IFSP/IEP Outcomes & Objectives Analysis Procedure and Coding Manual for specific coding responses.**

ID#:____________ Age:____________ Date:______________________

# IFSP/IEP Short Term Objective Analysis Form

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| For Outcome/Goal # | | | | | | | | | | |
| For Objective # | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Functionality** | | | | | | | | | | |
| 5 | Increase interaction with people & objects | | | | | | | | | | |
| 6 | Meaningfulness/importance of behavior | | | | | | | | | | |
| | **Generality** | | | | | | | | | | |
| 7 | Specific task vs. general concept | | | | | | | | | | |
| 8 | Allows for individual adaptations and modifications | | | | | | | | | | |
| 9 | Generalized across settings, materials, and people | | | | | | | | | | |
| | **Instructional Context** | | | | | | | | | | |
| 10 | Occurs in naturalistic manner with natural materials | | | | | | | | | | |
| 11 | **Home** activity setting-based intervention | | | | | | | | | | |
| 12 | If partially or entirely, which **home** activity setting(s)? | | | | | | | | | | |
| 13 | Promotes participation in **home** | | | | | | | | | | |
| 14 | Elicited within **home** activity setting | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | **Community** activity setting-based intervention | | | | | | | | | | |
| 16 | If partially or entirely, which **community** activity setting(s)? | | | | | | | | | | |
| 17 | Promotes participation in **community** | | | | | | | | | | |
| 18 | Elicited within **community** activity setting | | | | | | | | | | |
| 19 | **Classroom** activity setting-based intervention | | | | | | | | | | |
| 20 | If partially or entirely, which **classroom** activity setting(s)? | | | | | | | | | | |
| 21 | Promotes participation in **classroom** | | | | | | | | | | |
| 22 | Elicited within **classroom** activity setting | | | | | | | | | | |
| | **Overall** | | | | | | | | | | |
| | **Home** activity setting-based interventions | | | | | | | | | | |
| | **Community** activity setting-based interventions | | | | | | | | | | |
| | **Classroom** activity setting-based interventions | | | | | | | | | | |

**Measurability**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | skill can be identified accurately by different observers | | | | | | | | | | |
| 24 | skill is operationalized | | | | | | | | | | |
| 25 | skill can be directly counted (frequency, duration, distance) | | | | | | | | | | |
| 26 | there is a determination of performance | | | | | | | | | | |
| 27 | performance criterion accurately reflects skill | | | | | | | | | | |

# FAMILY
# DAY CARE
# RATING SCALE

## Score Sheet

THELMA HARMS RICHARD M. CLIFFORD

TEACHERS
COLLEGE
PRESS
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Name of Lead Caregiver

No. of caregivers present

Most children attending at one time

Number of children present today

______ to ______

Ages of children enrolled (youngest to oldest in months)

Name of Rater

Position of Rater

Date

**SPACE AND FURNISHINGS FOR CARE AND LEARNING**

1. Furnishings for routine care and learning

   1 2 3 4 5 6 7

2. Furnishings for relaxation and comfort

   1 2 3 4 5 6 7

3. Child-related display

   1 2 3 4 5 6 7

4. Indoor space arrangement

   1 2 3 4 5 6 7

5. Active physical play

   1 2 3 4 5 6 7

6. Space to be alone

   a. infants/toddlers

   1 2 3 4 5 6 7

   b. 2 years and older

   1 2 3 4 5 6 7

Total Space and Furnishings
(Items 1 – 6)

**BASIC CARE**

7. Arriving/leaving

   1 2 3 4 5 6 7

8. Meals/snacks

   1 2 3 4 5 6 7

9. Nap/rest

   1 2 3 4 5 6 7

10. Diapering/toileting

    1 2 3 4 5 6 7

11. Personal grooming

    1 2 3 4 5 6 7

12. Health

    1 2 3 4 5 6 7

13. Safety

    1 2 3 4 5 6 7

Total Basic Care
(Items 7 – 13)

**FAMILY DAY CARE RATING SCALE**

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## LANGUAGE AND REASONING

14. Informal use of language

a. infants/toddlers

1 2 3 4 5 6 7

b. 2 years and older

1 2 3 4 5 6 7

15. Helping children understand language

a. infants/toddlers

1 2 3 4 5 6 7

b. 2 years and older

1 2 3 4 5 6 7

16. Helping children use language

1 2 3 4 5 6 7

17. Helping children reason

1 2 3 4 5 6 7

Total Language and Reasoning
(Items 14 – 17)

## LEARNING ACTIVITIES

18. Eye-hand coordination

1 2 3 4 5 6 7

19. ◆ Art

1 2 3 4 5 6 7

20. Music and movement

1 2 3 4 5 6 7

21. ◆ Sand and water play

1 2 3 4 5 6 7

22. ◆ Dramatic play

1 2 3 4 5 6 7

23. ◆ Blocks

1 2 3 4 5 6 7

24. Use of T.V.

1 2 3 4 5 6 7

25. Schedule of daily activities

1 2 3 4 5 6 7

26. Supervision of play indoors and outdoors

1 2 3 4 5 6 7

Total Learning Activities
(Items 18 – 26)

## SOCIAL DEVELOPMENT

27. Tone

1 2 3 4 5 6 7

28. Discipline

1 2 3 4 5 6 7

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29. Cultural awareness

1 2 3 4 5 6 7

Total Social Development
(Items 27 – 29)

**ADULT NEEDS**

30. Relationship with parents

1 2 3 4 5 6 7

31. Balancing personal and caregiving responsibilities

1 2 3 4 5 6 7

32. Opportunities for professional growth

1 2 3 4 5 6 7

Total Adult Needs
(Items 30 – 32)

**SCORE SHEET TOTALS**

A. TOTAL SCORE
(include all items: 1-32)

B. NUMBER OF ITEMS SCORED
(count *a*'s and *b*'s as separate items)

C. AVERAGE ITEM SCORE
(total score divided by number of items scored)

## SUPPLEMENTARY ITEMS: PROVISIONS FOR EXCEPTIONAL CHILDREN

33. Adaptations for basic care (physically handicapped)

1 2 3 4 5 6 7

34. Adaptations for activities (physically handicapped)

1 2 3 4 5 6 7

35. Adaptations for other special needs

1 2 3 4 5 6 7

36. Communication (exceptional)

1 2 3 4 5 6 7

37. Language/reasoning (exceptional)

1 2 3 4 5 6 7

38. Learning and play activities (exceptional)

1 2 3 4 5 6 7

39. Social development (exceptional)

1 2 3 4 5 6 7

40. Caregiver preparation

1 2 3 4 5 6 7

**SUPPLEMENTARY ITEM TOTALS**

Provisions for Exceptional Children
TOTAL SCORE
(include all items 33-40 scored)

Provisions for Exceptional Children
NUMBER OF ITEMS SCORED

Provisions for Exceptional Children
AVERAGE ITEM SCORE
(total exceptional item score divided by number of exceptional items scored)

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| | | | | | |
|---|---|---|---|---|---|
| | | to | | | |
| **Name of Facility** | **Room** | **Age of Children youngest to oldest** | **Name of Rater** | **Position of Rater** | **Date** |

1. Greeting/departing
1 2 3 4 5 6 7

2. or ◆2. Meals/snacks
1 2 3 4 5 6 7

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3. Nap/rest
1 2 3 4 5 6 7

4. Diapering/toileting
1 2 3 4 5 6 7

5. Personal grooming
1 2 3 4 5 6 7

Total Personal Care
(Items 1-5)

6. Furnishings (routine)
1 2 3 4 5 6 7

7. or ◆7. Furnishings
(learning)
1 2 3 4 5 6 7

8. Furnishings
(relaxation)
1 2 3 4 5 6 7

9. Room arrangement
1 2 3 4 5 6 7

10. or ◆10. Child
related display
1 2 3 4 5 6 7

Total
Furnishings/display
(Items 6-10)

11. Understanding
language
1 2 3 4 5 6 7

12. Using language
1 2 3 4 5 6 7

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13. Reasoning

1 2 3 4 5 6 7

14. or ◆14. Informal language

1 2 3 4 5 6 7

Total
Language/reasoning
(Items 11-14)

15. Fine motor

1 2 3 4 5 6 7

16. Supervision (FM)

1 2 3 4 5 6 7

17. GM space

1 2 3 4 5 6 7

18. GM equipment

1 2 3 4 5 6 7

19. GM time

1 2 3 4 5 6 7

20. Supervision (GM)

1 2 3 4 5 6 7

Total
Fine/gross Motor
(Items 15-20)

21. Art

1 2 3 4 5 6 7

22. Music/movement

1 2 3 4 5 6 7

23. Blocks

1 2 3 4 5 6 7

24. Sand/water

1 2 3 4 5 6 7

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25. Dramatic play

1 2 3 4 5 6 7

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26. Schedule (creative)

1 2 3 4 5 6 7

27. Supervision (creative)

1 2 3 4 5 6 7

**Total Creative Activities (Items 21-27)**

28. Space (alone)

1 2 3 4 5 6 7

29. Free play

1 2 3 4 5 6 7

30. Group time

1 2 3 4 5 6 7

31. Cultural awareness

1 2 3 4 5 6 7

32. Tone

1 2 3 4 5 6 7

33. Exceptional provisions

1 2 3 4 5 6 7

**Total Social Development (Items 28-33)**

34. Adult personal area

1 2 3 4 5 6 7

35. Adult opportunities

1 2 3 4 5 6 7

36. Adult meeting area

1 2 3 4 5 6 7

37. Parent provisions

1 2 3 4 5 6 7

**Total Adults (Items 34-37)**

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| | | | | |
|---|---|---|---|---|
| Name of Facility | Room | Dates of Rating 1st | 2nd | 3rd |

CIRCLE THE TOTAL SCORE FOR EACH AREA.
CONNECT THE CIRCLED NUMBERS WITH STRAIGHT LINES.

| Personal Care Routines | Furnishings Display | Language Reasoning Experiences | Fine/Gross Motor Activities | Creative Activities | Social Development | Adult Needs |
|---|---|---|---|---|---|---|
| 35 | 35 | 28 | 42 | 49 | 42 | 28 |
| 30 | 30 | 25 | 40 | 45 | 40 | 25 |
| 25 | 25 | 20 | 35 | 40 | 35 | 20 |
| 20 | 20 | 15 | 30 | 35 | 30 | 15 |
| 15 | 15 | 10 | 25 | 30 | 25 | 10 |
| 10 | 10 | 5 | 20 | 25 | 20 | 5 |
| 5 | 5 | | 15 | 20 | 15 | |
| | | | 10 | 15 | 10 | |
| | | | 5 | 10 | 5 | |
| | | | | 5 | | |

EARLY CHILDHOOD ENVIRONMENT RATING SCALE

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Name of Program

Name of Teacher

Most children attending at one time

Number of children present today

Number of adults present

Ages of children enrolled (in months) ______ to ______

Date

Name of Rater

Position of Rater

| | | | | | |
|---|---|---|---|---|---|
| 1. Furnishings for routine care<br>1 2 3 4 5 6 7 | 3. Furnishings for relaxation and comfort<br>1 2 3 4 5 6 7 | 5. Display for children<br>1 2 3 4 5 6 7 | 6. Greeting/ departing<br>1 2 3 4 5 6 7 | 8. Nap<br>1 2 3 4 5 6 7 | 10. Personal grooming<br>1 2 3 4 5 6 7 |
| 2. Use of furnishings for learning activities<br>1 2 3 4 5 6 7 | 4. Room arrangement<br>1 2 3 4 5 6 7 | **Total --------**<br>**Furnishings and Display for Children Items 1-5** | 7. Meals/snacks<br>1 2 3 4 5 6 7 | 9. Diapering/ toileting<br>1 2 3 4 5 6 7 | 11. Health practice<br>1 2 3 4 5 6 7 |

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12. Health policy

1 2 3 4 5 6 7

13. Safety practice

1 2 3 4 5 6 7

14. Safety policy

1 2 3 4 5 6 7

**Total** _______

**Personal Care Routines - Items 6-14**

15. Informal use of language

1 2 3 4 5 6 7

16. Books and pictures

1 2 3 4 5 6 7

**Total** _______

**Listening and Talking - Items 15-16**

17. Eye-hand coordination

1 2 3 4 5 6 7

18. Active physical play

1 2 3 4 5 6 7

19. Art

1 2 3 4 5 6 7

20. Music and movement

1 2 3 4 5 6 7

21. Blocks

1 2 3 4 5 6 7

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| | | | | | |
|---|---|---|---|---|---|
| 22. Pretend play<br>1 2 3 4 5 6 7 | 24. Cultural awareness<br>1 2 3 4 5 6 7 | 25. Peer interaction<br>1 2 3 4 5 6 7 | 27. Discipline<br>1 2 3 4 5 6 7 | 28. Schedule of daily activities<br>1 2 3 4 5 6 7 | 30. Staff cooperation<br>1 2 3 4 5 6 7 |
| 23. Sand and water play<br>1 2 3 4 5 6 7 | **Total** _______<br>**Learning Activities - Items 17-24** | 26. Adult-child interaction<br>1 2 3 4 5 6 7 | **Total** ________<br>**Interaction - Items 25-27** | 29. Supervision of daily activities<br>1 2 3 4 5 6 7 | 31. Provisions for exceptional children<br>1 2 3 4 5 6 7 |

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**Total** ______

**Program Structure - Items 28-31**

33. Opportunities for professional growth

1 2 3 4 5 6 7

35. Provisions for parents

1 2 3 4 5 6 7

**Score Sheet Totals**

**A. Total Score**
(include all items scored)

______

**B. Number of Items Scored**

______

**C. Average Item Score**
(total score divided by number of items scored)

**Other Comments:**

32. Adult personal needs

1 2 3 4 5 6 7

34. Adult meeting area

1 2 3 4 5 6 7

**Total** ______

**Adult Needs - Items 32-35**

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# Friendship Survey
# for Teachers

Child's Name: ________________________________ D.O.B.: ____________
Person Completing Form: ______________________ Title: ____________
Date: ______________

## Child Demographic Information

Does the child use any special devices or adaptive equipment? Yes No

If yes (a) please specify: ________________________________

(b) to what extent does the child's use of special devices or adaptive equipment seem to interfere with the child's interactions with other children?

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | | Somewhat | | Makes it extremely difficult |

Does the child have an unusual appearance: Yes No

If yes (a) please specify: ________________________________

(b) To what extent does the child's appearance seem to interfere with the child interactions with other children?

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | | Somewhat | | Makes it extremely difficult |

Does the child have any unusual behaviors or actions? Yes No

If yes (a) please specify: ________________________________

(b) To what extent do the child's behaviors or actions seem to interfere with the child's interactions with other children?

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | | Somewhat | | Makes it extremely difficult |

## Part A. Mutual Friendships

Some young children often show a special interest in each other and often prefer to play or spend time together.

1. Does the child choose to spend time playing with or near a particular classmate?

   Yes No

   If so, does that classmate actively choose to spend time playing with or near the child?

   Yes No (if no, skip to Part B)

2. Now think about the classmate you noted above as you answer the following questions:

   a. Write the first name of this classmate: ____________________
   b. Is this classmate a boy or a girl? Boy Girl
   c. How old is this classmate? ____________________
   d. Does this classmate have any disabilities?
      Yes No Don't Know
   e. How long have the two children shown an interest in one another?
      ____________________

3. What do the child and this classmate do that makes you think they enjoy each other's company?

   ____________________

   ____________________

   ____________________

4. In your opinion, what has helped these children form such a bond?

   ____________________

   ____________________

   ____________________

## Part B. The Child's Interest in Another Classmate

Sometimes a young child may show an interest in forming a friendship with another classmate even though the classmate does **not** seem to show a similar interest in the child.

1. Does the child currently show an interest in playing with another classmate who does **not** seem to show a similar interest in playing with the child? Do not include a classmate who could be considered a mutual friend.

   Yes Not Sure No
   (if not sure or no, skip to Part C)

2. Now think about the classmate noted above who does not share the child's interest in playing together as you answer the following questions.

   a. What does **the child** do to make you think he or she is interested in playing with **the other classmate**?

   ______________________________
   ______________________________
   ______________________________

   b. What does **the other classmate** do to make you think he or she is **not** interested in playing with **the child**?

   ______________________________
   ______________________________
   ______________________________

3. In your opinion, what would help these children play together more frequently and possibly become friends?

   ______________________________
   ______________________________
   ______________________________
   ______________________________

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## Part C. Another Classmate's Interest in the Child

Sometimes another classmate may show an interest in playing with a child who does not seem to show a similar interest in playing with the classmate.

1. Does another classmate currently show an interest in playing with the child even though the child does **not** seem to show a similar interest in playing with the classmate: Do not include classmates who could be considered mutual friends.

   Yes Not Sure No
   (if not sure or no, stop here)

2. Now, think about the classmate noted above who shows an interest in playing with the child as you answer the following questions.

   a. What does **the other classmate** do to make you think he or she is interested in playing with the child?

   ______________________________
   ______________________________
   ______________________________

   b. What does **the child** do to make you think he or she is **not** interested in playing with the other classmate?

   ______________________________
   ______________________________
   ______________________________

3. In your opinion, what would help these children play together more frequently and possibly become friends?

   ______________________________
   ______________________________
   ______________________________
   ______________________________

**Adapted from:** Buysse, V. (1994). Early Childhood Friendship Survey for Teachers. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

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**Social Competence Curriculum Project**
**Division of Child and Family Studies**
**UCONN Health Center**
**Farmington, CT**

# Parent Satisfaction Survey on the Social Competence Curriculum Project

Name: ______________________________________________

Child's Name: ___________________________________________

Date:________________________

Please answer these questions about your experiences with the **Social Competence Curriculum Project** by circling your responses below.

**1. I find the meetings and visits with the Social Competence Curriculum Project staff to be helpful.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**2. There is good communication between my family and the Social Competence Curriculum Project staff.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**3. I feel that the number of forms and questionnaires that I have been asked to fill out is reasonable.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**4. Meetings and visits are held at times that are convenient to my family.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**5. The intervention activities from the Social Competence Curriculum project are easy to fit into our daily routine.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**6. The intervention activities from the Social Competence Curriculum Project were generally easy to carry out.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**7. The intervention activities from the Social Competence Curriculum Project helped my child/family.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**8. The intervention activities from the Social Competence Curriculum Project helped us to achieve goals that are important to my child and my family.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**9. The Play Tools for Toddlers Family Handbook was easy to follow.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**10. It was easy to fill out the Daily Activity Diary.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**11. I feel that my child/family benefited from this program.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**12. As a result of participating in this project, I think it is important for my child to be enrolled in an integrated preschool program.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**13. I am better able to seek out and enroll my child in an integrated preschool special eduation program which emphasizes social competence as a result of participating in this project.**

| Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**14. Have any social goals been written in your child's IFSP/IEP as a result of your participation in this project? If so, what are they?**

**15. What do you like best about participating in the Social Competence Curriculum Project?**

**16. What do you like least about participating in the Social Competence Curriculum Project?**

# Play Tools For Toddlers

## Play Profile

Child's Name: ____________________ Age: __________ D.O.B.: __________
Person(s) Interviewed: ______________________________ Date: __________
Day Program: __________ Contact Person: __________ Phone #: __________
Person Conducting Interview: ______________________________

The **Play Profile** is an assessment tool that assists parents and professionals in identifying a child's strengths. These strengths are then utilized, along with the APR (Assessment of Peer Relations) and The Play Tools for Toddlers Curriculum to develop individualized outcomes and objectives that will enhance a child's ability to play with other children.

The **Play Profile** is designed to identify a child's primary areas of interest in both home and classroom environments. It consists of a series of comprehensive questions that can help parents and professionals develop specific interventions that can enhance a child's social development.

# Toys and Materials

1. Is there a ***type*** of toy that the child prefers? (e.g., soft toys such as stuffed animals, building materials such as blocks, toys that make sounds, books, water/sand table, art materials such as play dough)?

________________________________________

________________________________________

2. Is there a toy or specific object that the child prefers?

________________________________________

________________________________________

3. Does the child like to look at books? If so, does the child have a favorite book?

________________________________________

________________________________________

4. Is there a specific item that the child brings to school on a regular basis?

________________________________________

________________________________________

5. How long does the child usually play with a toy ***alone***?

6. How long does the child usually play with a toy ***with other children?***

## Themes and Activities

7. Is there a specific area in school where the child prefers to play (e.g., kitchen/home area, water/sand table area)?

8. Which type of activities is the child most at ease in (e.g., at circle time, free play)?

9. How long does the child usually play in an ***activity alone?***

10. What activity holds the child's attention longest?

11. How long does the child usually play in an activity ***with other children***?

12. Does the child participate in a series of activities that represent a theme such as shopping, or cooking? If so, does the child have a favorite theme?

## Interaction Skills

13. How often does the child initiate contact with ***other children***?

14. Does the child have preferred playmate(s) at home, at school, or at play group (even if he or she only observes the child or plays next to the child)?

15. How often does the child initiate contact with ***adults***?

16. Does the child have a favorite ***adult*** that he or she consistently asks to play with him or her?

17. Is there a friend that often asks the child to play?

18. How often does the child respond to a friend's request to play?

19. Does the child have any behaviors that may interfer with their ability to play with other children?

20. List any playmates that respond positively (e.g., play with, smile, share materials) to the child's initiations:

21. List any playmates that have more developed social skills than the child for future grouping purposes:

______________________________________________

______________________________________________

22. What is the maximum number of children in a group that the child will approach in a social setting?

______________________________________________

______________________________________________

23. When the child is playing, does he or she ***take turns*** with his/her playmates?

______________________________________________

______________________________________________

24. When the child is playing does he or she ***share*** with other children?

______________________________________________

______________________________________________

25. When the child is playing, does he or she appear to understand the sequence of common themes (e.g., cooking, shopping)?

______________________________________________________________

______________________________________________________________

## Environmental Factors

26. Is there a time of day that the child prefers (is at his/her "best")?

______________________________________________________________

______________________________________________________________

27. Does the child enjoy listening to music? Does he or she have a favorite song or style of music?

______________________________________________________________

______________________________________________________________

28. How would you describe the child's overall activity level (under active, normal, hyperactive)?

______________________________________________

______________________________________________

29. Does the child do better in a quiet or busy environment?

______________________________________________

______________________________________________

30. Does the child take a nap on a regular basis? If so, when?

______________________________________________

______________________________________________

## Goals

31. What social goals would you like the child to achieve within the next year?

______________________________________________

______________________________________________

### Social Competence Curriculum Project
### Division of Child and Family Studies
### UCONN Health Center
### Farmington, Connecticut

## Social Network Questionnaire

During the past week, please list the activities your child has been involved in with other children outside of their early childhood setting. Please **do not** include your child or your child's siblings in this list.

Child's Name: ______________________ Date of Birth: __________ Date: ______________

Person Completing Form: ________________ Relationship to Child: ______________________________

____ **Check here if your child did not participate in any activities with other children outside of their early childhood setting during the past week.**

| What did your child do? | Number of children involved (excluding your child) | Number of children in each of the following age ranges (excluding your child) | | | What is your child's relationship with these children? | Amount of time spent together | Do any of these children receive early intervention services? | If yes, how many? |
|---|---|---|---|---|---|---|---|---|
| | | 0-3 | 3-5 | 5+ | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

# Social Competence Strategies Profile For Early Childhood Professionals

This inventory is an opportunity for early childhood professionals to assess the degree to which they use various social competency strategies. The items listed here are some ways that social competence can be taught, increased, and/or facilitated. Please rate each item on a scale of 1 to 5, in terms of its overall importance (a score of 1 being of least importance, and 5 of greatest importance). Then please answer the question "does this occur in your program" by circling "yes" or "no".

Name: ______________________ Date: ______________________

| Strategies | Not at all Important | | Somewhat important | | Very important | Does this occur in your program? |
|---|---|---|---|---|---|---|
| 1. Children play in relatively small, well-defined areas that are associated with specific play themes, activities, or materials. | 1 | 2 | 3 | 4 | 5 | yes no |
| 2. Toys that promote social interactions are present in play areas (e.g., blocks, balls, house and dolls, etc.) | 1 | 2 | 3 | 4 | 5 | yes no |
| 3. Adults introduce play activities, specify children's roles, suggest play ideas, before children begin to play. | 1 | 2 | 3 | 4 | 5 | yes no |
| 4. Child's play group includes children with and without special needs. | 1 | 2 | 3 | 4 | 5 | yes no |

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| Strategies | Not at all important | | Somewhat important | | Very important | Does this occur in your program? |
|---|---|---|---|---|---|---|
| 5. Adults provide filmed or videotaped models of social interaction. | 1 | 2 | 3 | 4 | 5 | yes no |
| 6. Adults read or tell stories that demonstrate appropriate social interactions. | 1 | 2 | 3 | 4 | 5 | yes no |
| 7. Adults directly teach words that label childrens' emotions and feelings. | 1 | 2 | 3 | 4 | 5 | yes no |
| 8. Children are taught to recognize or label their peers' emotional states (e.g. anger, happiness). | 1 | 2 | 3 | 4 | 5 | yes no |
| 9 . Adults model or demonstrate social skills and concepts during structured group activities (e.g., group time, circle time). | 1 | 2 | 3 | 4 | 5 | yes no |
| 10. Children are taught specific social skills (e.g. sharing, turn-taking, initiating interactions) in structured group settings. | 1 | 2 | 3 | 4 | 5 | yes no |
| 11. Adults praise children for demonstrating appropriate social skills or concepts during structured group activities. | 1 | 2 | 3 | 4 | 5 | yes no |
| 12. Adults model or demonstrate social skills and concepts in free play activities. | 1 | 2 | 3 | 4 | 5 | yes no |

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| **Strategies** | **Not at all important** | | **Somewhat important** | | **Very important** | **Does this occur in your program?** |
|---|---|---|---|---|---|---|
| 13. Adults praise children for demonstrating appropriate social skills or concepts during free play activities. | 1 | 2 | 3 | 4 | 5 | yes no |
| 14. Children receive multiple opportunities to rehearse social skills in free play activities. | 1 | 2 | 3 | 4 | 5 | yes no |
| 15. Adults prompt groups of children to work or play cooperatively. | 1 | 2 | 3 | 4 | 5 | yes no |
| 16. Adults instruct peers in specific strategies for communicating with children with special needs. | 1 | 2 | 3 | 4 | 5 | yes no |
| 17. Adults prompt peers to suggest specific play activities to children with special needs during free play activities. | 1 | 2 | 3 | 4 | 5 | yes no |
| 18. Adults prompt peers to persist in their social interactions with children with special needs during free play activities. | 1 | 2 | 3 | 4 | 5 | yes no |

| Strategies | Not at all important |  | Somewhat important |  | Very important | Does this occur in your program? |
|---|---|---|---|---|---|---|
| 19. Adults prompt children with special needs to persist in social interactions with their peers during free play activities. | 1 | 2 | 3 | 4 | 5 | yes no |
| 20. Adults prompt peers to request materials from children with special needs during free play activities. | 1 | 2 | 3 | 4 | 5 | yes no |
| 21 Adults praise peers for interacting with children with special needs during free play activities. | 1 | 2 | 3 | 4 | 5 | yes no |

* Adapted from : Odom, S., McConnell, S., & McEvoy, M.. Social Competence of Young Children with Disabilities (1992) Maryland: Brookes.

**Social Competence Curriculum Project**
**Division of Child and Family Studies**
**UCONN Health Center**
**Farmington, CT**

## Social Status Questionnaire

Child's Name: ____________________________________________

Person Completing Form: __________________________________

Date: ______________

Please answer the following questions by circling the answer (always, sometimes, or never) which is most appropriate)..

Do other children choose...

| | **Never** | **Sometimes** | **Always** |
|---|---|---|---|
| (a) to sit near the child during snack? | 1 | 2 | 3 |
| (b) to play with the child's toys? | 1 | 2 | 3 |
| (c) the child as a playmate? | 1 | 2 | 3 |
| (d) to "watch out" for the child? | 1 | 2 | 3 |
| (e) to sit near the child during circle? | 1 | 2 | 3 |
| (f) to sit near the child during activities? | 1 | 2 | 3 |

## Social Competence Curriculum Project
## Division of Child and Family Studies

**Dear Parent/Professional,**

**Please complete this section so that a stipend check can be processed and sent to you. Please print.**

Name: ______________________________

Address: ______________________________
______________________________
______________________________

Social Security or Federal Tax ID Number: ______________________________

*** Your Social Security or Federal Tax ID Number must be included in order to process your stipend check.

---

Please submit a request for a $40.00 check for the above named parent/professional from grant 5-22478. He/She is receiving this as a stipend for participation in the Social Competence Curriculum Project. Thank you.

______________________ ______________________
Staff Initials Date

SC 2

## Social Competence Curriculum Project
## Division of Child and Family Studies
## UCONN Health Center
## Farmington, Connecticut

### Support Services

Child: ______________________________ Date: ________________

Person interviewed: ________________________________________

Person conducting interview: ________________________________

**Support Services** (check all that apply)

___ Assistive technology
___ Audiology
___ Family training/counseling
___ Medical diagnosis/evaluation
___ Nursing services
___ Nutrition services
___ Occupational therapy
___ Physical therapy
___ Speech therapy
___ Psychological services
___ Social work
___ Health services
___ Special education teacher
___ Vision services
___ Other (please specify):
__________________________
__________________________
__________________________

### Information Regarding Ongoing Support Services

**Service:** **Transportation**

Does the child receive transportation services? Yes No

**Service:** **Service Coordination**

Name: ______________________________ Title: ________________

Agency: ____________________________________________________

Frequency of contact with family: ____________________________

Description of services: ____________________________________

____________________________________________________________

Other service this person provides to the child (if none, please indicate) :

____________________________________________

## Support Services (continued)

**Service:** ____________________
Location: ____________________
(circle one) Home Our Program Office Other Program Other
Frequency: ____________________ Length of session: __________
Type of service (circle one) Consult Direct
(circle one) Group Individual
Agency providing service: ____________________
Person providing service: ____________________
Funding source: ____________________

---

**Service:** ____________________
Location: ____________________
(circle one) Home Our Program Office Other Program Other
Frequency: ____________________ Length of session: __________
Type of service (circle one) Consult Direct
(circle one) Group Individual
Agency providing service: ____________________
Person providing service: ____________________
Funding source: ____________________

---

**Service:** ____________________
Location: ____________________
(circle one) Home Our Program Office Other Program Other

Frequency: ____________________ Length of session: __________
Type of service (circle one) Consult Direct
(circle one) Group Individual
Agency providing service: ____________________
Person providing service: ____________________
Funding source: ____________________

---

## Support Services (continued)

**Service:** ________________________________

Location: ________________________________

(circle one) Home Our Program Office Other Program Other

Frequency: ________________ Length of session: __________

Type of service (circle one) Consult Direct

(circle one) Group Individual

Agency providing service: ________________________

Person providing service: ________________________

Funding source: ____________________________

---

**Service:** ________________________________

Location: ________________________________

(circle one) Home Our Program Office Other Program Other

Frequency: ________________ Length of session: __________

Type of service (circle one) Consult Direct

(circle one) Group Individual

Agency providing service: ________________________

Person providing service: ________________________

Funding source: ____________________________

---

**Service:** ________________________________

Location: ________________________________

(circle one) Home Our Program Office Other Program Other

Frequency: ________________ Length of session: __________

Type of service (circle one) Consult Direct

(circle one) Group Individual

Agency providing service: ________________________

Person providing service: ________________________

Funding source: ____________________________

---

University of Connecticut Health Center

**Social Competence Curriculum Project**
**Division of Child and Family Studies**
**UCONN Health Center**
**Farmington, Connecticut**

Dear Parent,

Your child is attending class with a child who is participating in a research project. The Social Competence Curriculum Project is designed to study ways to teach young children with special needs how to play and make friends. The project is directed by Dr. Mary Beth Bruder, from the Department of Pediatrics at the University of Connecticut Health Center in Farmington, Connecticut and is funded by the U.S. Department of Education.

As part of the project, free play time in the classroom is recorded on video tape for one or two days every six months. These videotapes are used only for research and training purposes with professionals interested in the social development of young children with special needs.

The Social Competence Curriculum Project staff would like your permission to videotape your child, in the event he or she chooses to participate in the play session that is filmed. Please indicate whether you give your permission by circling do/do not, sign and return the attached release form to your child's teacher. Your help is greatly appreciated. If you have any questions, or would like further information, please feel free to call me at (860) 679-1568. Thanks very much for your contribution to the success of this project.

Sincerely,

Anne Marie Davidson

Anne Marie Davidson
Project Coordinator
Social Competence Curriculum Project

*Equal Opportunity Employer*

; Farmington Avenue
mington, Connecticut 06030

**Social Competence Curriculum Project**
**Division of Child and Family Studies**
**UCONN Health Center**
**Farmington, Connecticut**

## Video Release

I **do/do not** give my permission to the Division of Child and Family Studies to videotape my child ______________________________. I understand that no identifying information about my child will be revealed in these videotapes and that these videotapes will be used for research and training purposes only. These videotapes may only be seen by professionals and other persons interested in receiving information about the social development of young children with special needs.

______________________________ ____________________
**Parent/Guardian Signature** **Date**

**Program Name:** ________________________________________

This consent may by withdrawn at any time by contacting:

The Social Competence Curriculum Project
Division of Child and Family Studies
UCONN Health Center
The Exchange Building
MC-6222
263 Farmington Avenue
Farmington, CT 06030

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# APPENDIX C

# Play Observation Scale

# PLAY OBSERVATION SCALE - TODDLER

## The Development of the Scale

Early observational investigations of children's free play preferences often focused upon the formulation of social participation hierarchies. Thus, in a now classic study, Parten (1932) discovered that social participation among preschoolers increased with the child's age. Parten defined six sequential social participation categories: unoccupied behavior, solitary play, onlooker behavior, parallel play, associative play, and cooperative play. Preschoolers, 2 1/2 to 3 1/2 years old, preferred parallel play; older preschoolers, 3 1/2 to 4 1/2 years old, preferred associative play.

A second major source of information concerning children's play behaviors is Smilansky's (1968) elaboration of Piaget's (1962) classification of successive stages from purely sensorimotor to thoughtful play. Smilansky's (1968) revision identified four categories: (a) functional play--simple repetitive muscle movements with or without objects; (b) constructive play--manipulation of objects to construct or to "create" something; (c) dramatic play--the substitution of an imaginary situation to satisfy the child's personal wishes and needs; and (d) games-with-rules--the acceptance of prearranged rules and the adjustment to these rules. The four types of play are thought of as developing in a relatively fixed sequence with functional play appearing ontogenetically first in infancy and games-with-rules last (during concrete operations).

The observational scale described in this manual is an attempt to relate the two long-standing play hierarchies, an adaptation of Parten's (1932) social hierarchy and Smilansky's (1968) revision of Piaget's (1962) cognitive hierarchy. In recent studies, the scale has proven useful in determining: (a) age and sex differences in children's play; (b) SES differences in play; (c) effects of ecological setting on play; (d) individual differences in play; and (e) the social contexts within which the various forms of cognitive play are distributed. An abbreviated and selective bibliographical list of studies

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in which the play scale has been used at the University of Waterloo as well as at other universities is included in this manual. This scale includes two areas of contextual information not found in earlier versions: the availability of peers, and classroom activity.

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# Who – Is an Adult Available to the Child?

The first decision the observer must make is whether or not an adult is available to the child and whether or not the child is alone or in a group. The observed play time is divided among three sets of categories: when the focal child is alone or with other children **(child, no adult)**; when the child is with an adult who is engaged with the focal child only (**adult involvement with child**); and when the child is with an adult who is engaged or involved with the focal child and at least one other child simultaneously **(adult involvement with group)**. Adult involvement is defined as direct or attempted physical or verbal interaction between the focal child and the adult. The adult must be available to child (or attempting to be involved) either verbally or physically. If the adult is just passing by or past the child, code child no adult. Please use all available contextual cues when determining adult availability. These may include listening to the adult's speech to determine whether s/he is speaking to the child and observing mouth movements (made by the adult) and eye contact with the focal child if speech cannot be heard or understood. Also, use of gestures such as pointing to objects or persons may also signal adult availability. If it is clear that the adult is verbally interacting with the child but the adult is off camera, then the adult is considered to be available to the child and should be coded accordingly. During circle time, if the child is following (singing, onlooking) the lead adult, it would be counted as adult with group.

"**Not codable**" will be assigned when there is a camera stop in the 10 second segment or when the child is out of view for more than 5 seconds. If the child's eyes and/or face are not clearly visible for 5 seconds or more, record "not codable" for that segment. For this coding **category**, it may be impossible to assign an appropriate code due to a bad camera angle and/or difficulty judging where the adult is. In such cases, the who category will be "not codable."

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# Play

Within this category there are three major activity categories: non-play, play and adult facilitated play.

## Non-Play

There are nine mutually exclusive nonplay categories. One category - Adult Manipulation and Direction - requires an "adult present" code.

If two (or more) nonplay behaviors are occurring simultaneously during the 10 second segment, code the behavior occurs for a longer amount of time. There is no hierarchy for nonplay behaviors.

(A) **Onlooker Behavior:** When onlooking, the child watches, but does not enter into, the activities of others. To code onlooker, the observer needs to be able to identify what the child is looking at (even though the observer is not able to see what that is due to the camera angle). An object can also be the subject of onlooking if looking is for purposes other than learning the physical properties of the object (for example, looking at a picture in a book during circle time or watching the toaster for toast to be done). If the child's eyes cannot be seen due to the camera angle, if you can only see the back of the child's head, or if it is at all **unclear** whether the child is looking, onlooker should **not** be coded.

(B) **Transition:** Transition is coded when a child is setting up a new activity, moving from one activity to another with or without assistance, or cleaning up after an activity. When the child is movin from one activity to another, the child must be actively transitioning for 5 or more seconds. "Transition" should not be coded when the child disengages from a specific activity for a brief period and then becomes reinvolved in the same activity. Examples of Transition are walking across the room to watch an activity, getting a drink of water, setting up a game, trying to get involved in an activity or toy or object and searching for a desired object. When the focal child avoids a peer or defends

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property this category can be used if no other category applies. Also, if child takes a toy from another peer and no other category applies, code "transition."

(C) **Active Conversation:** Conversation involves a chain of events which includes listening, responding and the verbal/gestural transfer of information from one child/adult to another. It is coded when, within the sequence of events, the focal child is speaking or is actively listening to another child/adult in order to initiate or respond. Conversation also includes more than one child sharing laughter if eye contact is made. When a child is listening to someone else's conversation but is not specifically being spoken to (s)he is engaged in onlooker behavior. Parallel and private-speech do not fall under this category as neither represent attempts at communication.

(D) **Eating:** The child sits alone or with peers/adults and eats independently or is fed by adult.

(E) **Aggression:** Aggression refers to non-playful physical contact with another child or a child's possessions, or a toy or object, which is almost always hostile in nature. Examples include hitting, kicking, throwing, hair pulling, grabbing, threatening in anger, etc.

(F) **Crying/Fussing:** Child is crying/fussing; may occur during other activities (circle time) but if child is unengaged and only crying, code crying (not unoccupied).

(G) **Unoccupied Behavior:** The child is staring blankly into space or is wandering with no specific purpose, only slightly interested, if at all, in ongoing activities. This includes instances when the child is engaging in a functional activity (e.g., twisting hair or fiddling with an object) but is not attending to the activity (if the child's focus is on the functional activity, the behavior would be coded as functional). Generally, there is a marked **absence** of focus or intent when a child is unoccupied. This refers to instances when the child's focus (i.e., looking) is unclear.

(H) **Routine Self Care:** This category includes dressing, undressing, hygiene, and grooming. An example is a child washing his/her hands after painting.

(I) **Adult Manipulation and Direction:** This includes adult direction in which the adult physically or verbally controls the child through a nonplay series of movements or a teaching sequence. This also includes a physical or verbal redirection of a child's actions or activity by the adult to refocus the child on some activity. Positioning of the child's body by the adult is coded here. In addition, comforting a crying/distressed child is also coded here. Only code this category when the child is focused on the adult's behavior. If the child is not focused on the adult's behavior or anything else, code unoccupied.

accomplish the task without ongoing positioning. If the child has not yet responded to the adult's attempts at comforting, code crying/fussing.

"**Not codable**" will be assigned when there is a camera stop in the 10 second segment or when the child is out of view for more than 5 seconds. If the child's eyes and/or face are not clearly visible for 5 seconds or more, record "not codable" for that segment. For this coding **category**, it may be impossible to assign an appropriate code due to a bad camera angle and/or difficulty judging behavior. In such cases, the individual category will be "not codable."

## Play

When coding the social participation of the play of the focal child, it is important to note (1) proximity of the focal child to any other children in the area, and (2) the attentiveness of the focal child to his/her playmates.

(A) **Solitary Play:** The child plays apart from other children at a distance greater than three feet. S/he is usually playing with toys that are different from those other children are using. The child is centered on his/her own activity and pays little or no attention to any children in the area. When the children are in a small area, the three-foot rule may not be applicable. In such cases the observer must rely upon the relative attentiveness of the child to others.

(B) **Parallel Play:** Parallel play is coded if the child is attentive to others while playing independently with toys that are similar to those which the children around him/her are using. For example, two children who are playing with a shape sorter and puzzle respectively may be engaged in parallel play. However, if one is playing with a shape sorter and the other, a shopping cart, this would not be coded as parallel play. The child is usually aware of and attentive to his/her playmates, and may engage in "self-talk" (i.e., verbalizing his/her own thoughts). Specific evidence of awareness (looking or watching peers) is not necessary.

Please note that both the focal child and the other child or children present need to be playing in order for the activity to be coded as parallel. Transient proximity by a peer (passing through) does not count as parallel play. Parallel play may also occur between the target child and an adult. The adult must be playing or trying to engage the child in play.

(C) **Parallel Aware Play:** A form of parallel play where the child engages in the same or similar activity (parallel play) as a peer or adult and engages in eye contact at least one time with a peer or adult.

(D) **Simple Social Play:** The child engages in a social interaction with another child or adult **during parallel play**. Examples of a social interaction are talking, offering or accepting a toy (or book), smiling, laughing, and touching. If the child and the adult/other child are reading a book together and socially engaged (e.g., turning pages, pointing) this category would be scored. It is not reciprocal. If talking is the basis for the simple social code, the coder must be certain that speech of the child/adult is being directed at the other child/adult within the interaction.

(E) **Reciprocal Play:** The child demonstrates action based role reversals in play. There is reciprocity between the child's actions and those of another child or adult.

For example, the child may actively play with an adult, or with another peer, building a block tower. The focus of the play is on turn taking.

(F) **Group Play:** The child plays with at least one other child in an activity with a common goal or purpose. The common goal or purpose can be identified by either the peer or adult, but must include at least one peer and not focal child and adult only. The children may be making some material product, striving to attain some competitive goal, dramatizing situations of adult or group life, or playing formal games. The key element is that the goals are definitely group-centered and reciprocity or turn taking need not be present.

(G) **Not Codable:** "Not codable" will be assigned when there is a camera stop in the 10 second segment or when the child is out of view for more than 5 seconds. If the child's eyes and/or face are not clearly visible for 5 seconds or more, record "not codable" for that segment. For each coding category, it may be impossible to assign an appropriate code due to a bad camera angle and/or difficulty judging behavior. In such cases, the individual category will be "not codable."

## Adult Facilitated Play

The child engages in a play scheme, but only because the adult facilitates (either physically, verbally, and/or gesturally) the child's ability to perform the play scheme. This may include instances when the child is already involved in play. For example, a child may be playing with a puzzle and the teacher may direct the child as to where to put a puzzle piece. Other examples include the adult lifting and holding child in order for the child to put a ball through a basket, and the adult physically assisting the child to move a small toy car into a garage.

## Not-Codable

"**Not codable**" will be assigned when there is a camera stop in the 10 second segment or when the child is out of view for more than 5 seconds. If the child's eyes and/or face are not clearly visible for 5 seconds or more, record "not codable" for that segment. For each coding category, it may be impossible to assign an appropriate code due to a bad camera angle and/or difficulty judging behavior. In such cases, the individual category will be "not codable."

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## Cognitive Play

In order to code the cognitive play level of a given social play activity (adult-facilitated, solitary, parallel, parallel aware, simple social, reciprocal, or group), the observer must first decide upon the child's intent or purpose as s/he engages in that activity. Cognitive play categories are nested within the seven social play categories.

(A) **Exploratory:** Exploratory behavior is defined as focused examination of an object or person for the purpose of obtaining visual, auditory or tactile information about its specific physical properties. It is important that the child be attending to the object. The child may be examining an object in his/her hand, looking at an object that someone else is holding, listening to a noise, or listening **for** something.

**(B) Functional Play:** The child engages in simple motor activities (for example, repetitive motor movements with or without objects). Specific examples are throwing objects, shaking objects, banging objects, jumping on and off a chair, making faces, ringing bells and buzzers, etc. There is no apparent basis for the play, as the child will act on the object without deference to the object itself. The child must be actively involved with the object. (For example, do not code functional play if the child is passively sitting on a swing.)

**(C) Constructive Play:** The child plays with a person or a toy or combination of toys in a purposeful and appropriate fashion. Examples include: turning a crank on a toy to raise an elevator in order to lift a car, shifting a doll's legs to sit it down, moving a car on a track as part of an ongoing activity, drawing, building with blocks or Legos, doing jigsaw puzzles, climbing on gym equipment (to get to the top), playing peek-a-boo with another person.

It should be noted that topographically similar behaviors would be coded as functional if they are judged to be repetitive and appear purposeless. Similarly, behaviors which involve the mere movement of objects across space are considered to lack purpose beyond the activity itself and are to be coded as functional play.

(D) **Dramatic Play:** Any element of pretend play is coded as dramatic. For example, the child may take on a role of someone else, or may be engaged in a pretend activity (e.g., pouring pretend water into a cup and then "drinking" it). S/he may also attribute life to an inanimate object (e.g., making a doll talk).

Dramatic play involves the non-literal transformation of the toy or situation to create a dramatic play event or sequence. Use of toys and materials, even if they are representational in nature, is not considered dramatic unless evidence of their non-literal use is apparent. Using toys in combination such as putting a doll in the seat of a toy car and/or moving the car is not considered dramatic unless some element of pretending is involved (such as making the doll talk). Use of representational toys in ways that they are intended should be coded as "constructive."

(E) **Games-with-Rules:** The child accepts prearranged rules, adjusts to them, and controls his/her actions and reactions within the given limits. These rules may be long-standing, time-honored rules, or they may have been decided upon by the child and/or his/her playmate(s) prior to the onset of the game. There must be an element of competition either between the focal child and other children, or with him/herself.

(F) **Not Codable:** "Not codable" will be assigned when there is a camera stop in the 10 second segment or when the child is out of view for more than 5 seconds. If the child's eyes and/or face are not clearly visible for 5 seconds or more, record "not codable" for that segment. For each coding category, it may be impossible to assign an appropriate code due to a bad camera angle and/or difficulty judging behavior. In such cases, the individual category will be "not codable."

# CLASSROOM ACTIVITY

Classroom Activity is designed to provide information about the activity in which play or nonplay occurs. The 12 Classroom Activity categories reflect what the target child "should" be doing during a particular time segment, although the focus is on the target child. The intention of the child's classroom activity is considered in the context of both the larger group activity (which may or may not be the same as the child's), and the amount of adult direction designed to engage the child in a particular activity. This will aide in determining under which conditions play occurs. For example, if the target child wanders away from circle time, and is unoccupied while circle time is ongoing, code "teacher directed classroom activity" because s/he is not doing anything else yet, even though the adult has not succeeded in redirecting the child back to the group. If the child subsequently becomes involved with toys, however, code "free play". This is not coded as a continuation of "teacher directed activity" because the child is now actively doing something other than the larger group activity. "Classroom Activity" is coded for both play and non-play categories across all taped segments.

**(A)** **Free play** - Child is using toys and materials independent of teacher facilitation/direction. The child is free to choose the length and type of play.

**(B)** **Teacher directed play** - A teacher is physically or verbally facilitating or structuring child's use of toys and materials or an activity in which the child is involved. The adult need not be directly involved with the target child, but must be involved with another child within the same activity. Teacher's observing of the play or activity is not included as teacher direction. This category does include instances in which the teacher suggests and begins an activity. For example, a teacher might say "Let's build a bridge with these blocks" and begins building. A teacher may also be reading with a child. Teacher-directed play can occur within the larger group context of free play. However, if teacher is directing the play, code "teacher directed play," not free play. If teacher is

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simply commenting on the child's play, and is not structuring the play, then code "free play."

(C) **Outdoor free play** - Child is outdoors and is engaging in activities independent of teacher direction/facilitation.

(D) **Teacher directed outdoor play** - A teacher is directing/facilitating child's outdoor activities. The adult need not be directly involved with the target child, but must be involved with another child within the same activity. Teacher's observing of the play or activity is not included as teacher direction. For example: A teacher may organize a game, attempt to engage child in a specific activity, or help a child slide down a slide.

(E) **Table top activity** - Child is using toys and materials which were set out by an adult for the children's use. For example, the child might be playing with puzzles or small manipulative toys (i.e. Legos). No adult direction/facilitation of play is occurring. Any activity that occurs on a tabletop should be coded as "tabletop" (sand table, dry table, water table are considered tabletop activities).

(F) **Teacher directed table top** - Child is involved in a teacher-directed art activity, game, or other activity at a table. The adult is facilitating or structuring the activity in which the child is involved. The adult need not be directly involved with the target child during 10 seconds in order to code teacher directed tabletop. For example, the children may be preparing snack as a group with an adult's assistance.

(G) **Teacher directed classroom activity** - Teacher is directing a large group activity such as circle time, motor activity, music, or cooking This includes any activity in which the whole class is involved.

(H) **Therapy/Positioning** - Adult is physically manipulating or positioning child (may be for therapeutic purposes or moving a non-ambulatory child).

(I) **Snack** - Child is having snack. The child need not be eating but may have snack items (food, cup, etc.) in front of him/her. If child has begun eating before other peers have begun or arrived at the table, "snack" would be coded.

(J) **Routine Care** - Child is involved in a routine care activity, such as putting on/taking off clothing, or hand-washing.

(K) **Transition** - Children as a group are making a classroom transition from one activity period to another. For example, they may be transitioning from freeplay to snack. Cleaning up after play or an activity should be coded as a transition. The focus should be on the target child, not necessarily the group as a whole. For example, if the child has already completed the transition to the new activity and others in the group have not, the activity code should reflect the new activity, not the ongoing transition.

(L) **Not Codable:** "Not codable" will be assigned when there is a camera stop in the 10 second segment or when the child is out of view for more than 5 seconds. If the child's eyes and/or face are not clearly visible for 5 seconds or more, record "not codable" for that segment. For each coding category, it may be impossible to assign an appropriate code due to a bad camera angle and/or difficulty judging behavior. In such cases, the individual category will be "not codable."

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# AVAILABILITY OF PEERS

Availability of Peers refers to the physical/proximal availability of one or more children within 3 feet of the target child. Peer(s) must be within 3 feet of the target child. When coding this category, the observer should look to see if peers are available to the focal child (within three feet). If there are peers available, the observer should then determine whether the peers are playing with the same materials as the focal child.

Code as:

1 = Code **no, no child(ren) within 3 feet** if there are no peers available to the focal child.

2 = Code **yes, peers with different materials** if 1 or more children within 3 feet; different materials or activity that would not typically be combined in use; this will also be used if children are not near any materials; or only one of the children has materials

3 = Code **yes, peers with similar materials** if 1 or more children within 3 feet; children are in close proximity to or involved with similar materials that could be used in combination or activity. Materials must be part of the same scheme (i.e.: household objects, vehicles, manipulatives, etc.) If it is difficult to determine the type of materials the children are playing with, code a "2." During circle time, materials used by the lead adult would be considered common to the children in the group

9 = **"Not codable"** will be assigned when there is a camera stop in the 10 second segment or when the child is out of view for more than 5 seconds. If the child's eyes and/or face are not clearly visible for 5 seconds or more, record "not codable" for that segment. For each coding category, it may be impossible to assign an appropriate code due to a bad camera angle and/or difficulty judging behavior. In such cases, the individual category will be "not codable."

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## Summary of Play and Nonplay Behaviors

| *Behavior* | *Goal or Intent* |
|---|---|
| Adult Facilitated | to engage in a play scheme that is facilitated by an adult |
| Solitary | to engage in an activity entirely alone, usually more than three feet away from other children |
| Parallel | to engage in an activity beside (but not with) other children, usually at a distance of three feet or less |
| Parallel Aware | to engage in parallel play with eye contact |
| Simple Social | to engage in social interactions with another child or adult |
| Reciprocal | to engage in action based role reversals in games with other children or adults |
| Group | to engage in an activity with another child or children, in which the cognitive goal or purpose is shared amongst all group members |
| Exploratory | to seek sensory information |
| Functional | to experience sensory stimulation through simple, repetitive muscular movements |
| Constructive | to create or construct something |

| | |
|---|---|
| Dramatic | to dramatize life situations or bring life to an inanimate object |
| Games-with-Rules | to engage in an competitive game-type activity following pre-established rules and limits |
| Unoccupied | there is a complete lack of goal or focus during this behavior |
| Onlooker | to watch (or listen to) the behaviors and activities of other children or adult |
| Transition | to prepare for, set out, or tidy up an activity, or to move from one activity to another |
| Active Conversation | Chain of events involving verbal/ gestural communication |
| Aggression | to express displeasure, anger, disapproval through physical means |
| Eating | eating and/or drinking independently or with assistance from an adult |
| Crying/Fussing | child is crying/fussing |
| Routine Self Care | dressing and hygiene care performed by the child |
| Comforting | attempts by an adult to console a distressed child |

Positioning - an adult physically supports or manipulates the child

Adult Direction - an adult physically controls child through a series of movements or redirects child's actions to focus child on some activity

Not Codable - used when segment or category is not codable due to a camera stop, child out of view, or difficulty judging behavior

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# Rules for Determining Play Categories

1. During a coding interval, more than one category may occur. **Please use the behavior code that occurred the greatest length of time during the interval.** If during the coding interval, play lasts for only 4 seconds, the behavior should be coded as play. If two play categories occurred for an equivalent length of time, **code the higher level play behavior** (see hierarchy below). If three or more behaviors occurred, none lasting for five seconds or more, code highest level behavior.

2. **If you feel that you do not have enough information** to decide whether the behavior is one of two possible categories, **then code the lower level behavior.**

3. **Judging Distance in Parallel Play and Availability of Peers -** To judge distances of three feet, determine the distance between the two children along the plane of the floor. A peer is considered to be within three feet of a target child if the peer's head or hands are within three feet of the target child's head.

4. **Evidence of Continuation of Group Play -** In this situation, a child's activity is coded as Group Play for at least one interval. The child then continues in the same activity but no additional evidence of group play is noted. If three intervals pass with no additional evidence of group interaction, do not code Group Play in the fourth interval. Usually, the fourth interval will receive a code of Parallel Play.

5. **Evidence of Continuation of Dramatic Play** - A child is coded as engaging in Dramatic Play in one interval. Although the child continues in the same activity, if three intervals pass with no additional evidence of dramatic interaction, do not code Dramatic Play in the fourth interval.

6. **Not codable** - will be assigned when there is a camera stop in the 10 second segment or when the child is out of view for more than 5 seconds. If the child's eyes and/or face are not clearly visible for 5 seconds or more, record "not codable" for that segment. For each coding category, it may be impossible to assign an appropriate code due to a bad camera angle and/or difficulty judging behavior. In such cases, the individual category will be "not codable."

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## Hierarchy for Play Levels

The following hierarchy reflects levels of social and cognitive play from the highest level to the lowest (i.e., "group" is highest level of social play and "games" is highest level of cognitive play).

1. Group Behavior
   games>dramatic>constructive>functional

2. Reciprocal Play
   games>dramatic>constructive>functional

3. Simple Social
   games>dramatic>constructive>functional

4. Parallel Aware
   games>dramatic>constructive>functional

5. Parallel Play
   games>dramatic>constructive>functional

6. Solitary
   games>dramatic>constructive>functional

7. Adult facilitated

(NO HIERARCHY FOR NON-PLAY BEHAVIORS)

# Directions for Coding

1. On the coding sheets, note the ID# and name of target child, the tape number and segment, and your initials. Please note any unusual behaviors or coding difficulties in or under the category box(es).

2. Each tape segment to be coded is 10 minutes in length. Start time for each segment are noted in the Tape Directory.

3. The target child is observed in consecutive 10 second intervals.

4. The first coding decision is made at time 00:00. Therefore, 00:05 is the mid-point. Continue coding each ten-second interval independently for the remainder of the tape. There should be 60 coded intervals for each ten minute play group tape.

***Helpful Hint:*** *Advancing slower than regular speed (using the dial) is often more helpful than repeated rewinding and reviewing the 10 seconds.*

# Individual Social Behavior Scale

# SOCIAL INTERACTION CODES

The categories in this manual reflect social behaviors that may be directed to peers or adults by the child and those which reflect responses of the child to the social behavior of others. Those categories which reflect responses of the child to the social behavior of others may only be scored when the social partner is a peer. Interactions with adults will only be coded when the social interaction is initiated by the child. Those behaviors which can only be scored when the interaction occurs with a peer are indicated by the use of P (P = Peer) in the code description. (Example: Follows lead of peer). Those behaviors which can be scored when the interaction involves a peer and/or an adult are indicated by the use of O) O = Other) in the code description. (Example: Uses other as a resource).

The following categories should be scored whenever observed. The designated code number is to the left of each category.

(Note that S = Subject and O = Other (peer or adult).)

| Code | | Page Number |
|---|---|---|
| 1. | Involved Observation | 15 |
| 2. | Joins Other(s) in Specific Activity | 16 |
| 3. | Verbally supports Other's Statement | 18 |
| 4. | Verbal Competition | 20 |
| 5. | Shows Pride in Product or Attribute to Others | 21 |
| 6. | Competes with Peers for Adult's Attention | 22 |
| 7. | Expresses Affection to Others | 24 |
| 8. | Shows Empathy towards Others | 25 |
| 9. | Expresses Hostility to Others | 26 |
| 10. | Lead other's Activities - Positive or Neutral | 35 |

rev. 9-21-96)

# Manual for Coding Peer Interaction:
## Individual Social Behaviors

This manual is an adaptation and refinement of a portion of the Social Behaviors Checklist developed by White and his colleagues (White and Watts, 1973)[1]. It consists of definitions of individual peer related social behaviors and their consequences presumed to reflect important aspects of peer related social competence. Versions of these individual social behaviors have been used successfully in studies of normally developing preschool children and appear to be valid indicators of peer related social competence (Connolly & Doyle, 1981; Doyle, Connolly, & Rivest, 1980; Wright, 1980). Similar findings have been obtained when this scale has been applied to developmentally delayed preschool children (Guralnick & Groom, 1985, 1987).

The current scale consists of many of the original individual social behavior categories outlined by White and Watts (1973) for assessing interactions between peers. Additional categories redefined for peers taken from their child-adult interaction scale and others were also included (total number of categories is 34).

It is important to note that this manual was designed to evaluate the peer related social interactions of small play groups consisting only of boys. The gender related descriptions and examples reflect this circumstance.

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[1] Many portions of this manual contain direct quotes from their work, but are interspersed freely with our own modifications. To avoid filling the manual with numerous sentences and phrases containing quotes, thereby adding to the reader's burden, quotations have been omitted. Please note our debt to the above referenced authors and the fact that we consider this manual as a modification of their work.

The coding system provides four types of data: a) the frequency of individual social behaviors; b) the number of initiations by the subject (focal or target) child; c) the success rate of individual social behaviors (where applicable); and d) the identification of the peer involved in social interaction with the subject child.

Although an event sampling method is employed, time intervals are used to improve the accuracy of calculating interrater reliability (see Reliability Manual).

| ode | | Page Number |
|---|---|---|
| 1. | Lead in Other's Activities -Negative | 39 |
| 0. | Follows Lead of Peer --Positive or Neutral | 43 |
| 1. | Follows Lead of Peer - Negative | 45 |
| 0. | Refuses to Follow Lead of Peer - Positive or Neutral | 49 |
| 1. | Refuses to Follow Lead of Peer -Negative | 51 |
| 0. | Other as a Resource | 53 |
| 1. | Responds to Peer's Use of S as a Resource | 59 |
| 2. | Fails to Respond to Peer's Use of S as a Resource | 62 |
| 0. | Takes Unoffered Object | 64 |
| 1. | Fails to Defend Property | 66 |
| 2. | Defends Property | 67 |
| 0. | Imitation of Peer | 70 |
| 1. | Being a Model (Imitation of S by P) | 73 |
| 70. | Seeks Attention of Other | 74 |
| 71. | Responds to Peer's Attention-Seeking Behavior | 81 |
| 72. | Fails to Respond to Peer's Attention-Seeking Behavior | 82 |
| Code | | Page Number |
| 80. | Seeks Agreement from Other | 83 |
| 81. | Responds to P's Efforts to Seek Agreement | 85 |
| 82. | Fails to Respond to P's Efforts to Seek Agreement | 86 |

## Supplemental Codes

### * Initiations

An S-initiated event is one in which S has not interacted with O* either verbally non-verbally for at least 3 seconds and S attempts to begin an interaction with Simply watching another person does not constitute an interaction for deciding wheth or not an initiation occurred.

It is possible to code an S-initiated event for the following categories: 2, 3, 4, 5, 7, 8, 9, 10-11, 40, 50, 70, and 80. When scoring categories which do not requi initiation codes (01, 20, 21, 30, 31, 41, 42, 51, 52, 60, 61, 71, 72, 81, 82), coders shou score 8 (Not Applicable) in the initiation box on the coding sheet. To decide if a cod behavior is also an initiating event, the rater must consider the relationship of t subject and the other in the three seconds prior to the coded event.

| Conditions during 3 seconds prior to event: | Initiation Code? |
|---|---|
| 1) No social activity observed between subject and other. | yes |
| 2) Subject and other are judged to be relating in some ongoing social activity evidenced by verbal or nonverbal cues. There is no doubt from the observer's perspective that S and O are already engaged socially. | no |
| 3) The subject is observed making successive unilateral, unsuccessful attempts to establish a social relationship with the peer. | no |
| 4) The subject and other both exhibit unilateral, unsuccessful attempts to | no |

establish a social relationship.

O = peer or adult

Successful vs. Unsuccessful (S or U)

An important aspect of social competence is the degree to which certain behavio such as requests, directives, and questions are responded to appropriately by a child social partners. This is indicated by a 1 (successful) or 2 (unsuccessful) which is store in the success box on the coding sheet. A determination regarding a successful unsuccessful outcome should be made for categories 6, 10-11, 40, 50, 52, 70, and 8 Specific definitions of successful and unsuccessful responses are provided for each these categories.

The code 9 (not codable) is used when success cannot be determined within particular interval because the partner's response occurs in the following interval. If t teacher intervenes **after** S issues a lead, question, etc. but before P has had opportunity to respond, code the behavior with 9 (not codable). When scoring categori which do not require success codes (01, 02, 03, 04, 05, 07, 08, 09, 20, 21, 30, 31, 4 42, 51, 52, 60, 61, 71, 72, 81, 82 ), coders should score 8 (Not Applicable) in the succe box on the coding sheet.

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## General Rules for Coding

### Offscreen Interactions

If the subject's behavior is clearly directed toward or influenced by another who offscreen, it is acceptable to score the behavior. A child is determined to be offscreen his entire head is offscreen. If the view is from the back and the child's eyes cannot b seen, it is acceptable to code if his entire head is onscreen.

"Not codable" will be assigned when there is a camera stop in the 10 secon segment or when the child is blocked or otherwise out of view for more than 5 second When scoring for reliability, coders should reach consensus on whether an interval not codable for any of the above reasons.

### Unintelligible Language

If any part of a verbal interaction cannot be heard or understood, do not cod The unintelligible language could change the meaning of the interaction.

### Undirected Language

If S's behaviors are undirected, i.e. not directed at a specific other or group others, do not code the behavior. For example, a child playing alone on the garage m ask aloud, but to no one in particular, "Why won't the elevator go up?" Even if a pe across the room answers his question or helps him with the elevator, S has not utiliz a specific peer as a resource in a way that fits the spirit of that category. The sa would be true for an undirected lead such as "Somebody be Slimer." Even if a child the room comes forward to take on the role of "Slimer," S has not directed that spec peer to do so.

This does not mean, however, that a behavior must only involve one peer. example, S can gain access to a group of two or more peers playing ("Can I join two?") or watch two peers talking (involved observation). The key is that the behavio irected, whether it be to one or more than one peer.

If the subject is responding to someone's undirected lead or question, it is valid t ode the subject's response. Although the lead or question is undirected and therefo ot considered to fit the definition of a lead, using other as a resource or other categor 's response to these statements indicates recognition of himself as a social partner an herefore should be coded.

Rules for Coding from Videotape

1. On the coding sheets, note the target child's subject number, first name, the tape number, age, the date of coding, and the coder's name.

2. Each segment for coding is 10 minutes in length. The target child is observed in consecutive 10 second intervals. Begin coding the scale when the VCR counter reads 00.00 and stop at 10.00. If the tape runs longer than the 10-minute standard, stop coding at the 10-minute mark (10.00). The protocol sheet is divided into sixty 10-second intervals. Begin coding in the first interval, until the counter on the VCR cues you to go to the next interval. For example, you would proceed to the second interval when the counter reads 00.10, to the third interval at 00.20, to the fourth interval at 00.30, and so forth until the entire 10 minutes are coded.

3. For each 10 second interval, note the availability of potential social partners. Availability is scored yes if the "Other" is in proximity to the target child for 5 seconds. Proximity is defined as being within 3 feet of the target child. During a group activity led by an adult, the adult is always coded as available, regardless of his/her physical distance from the target child. Availability is also scored yes if the O is off camera but clearly intelligible as making a social overture, regardless of the subject's response. Availability of both peers and adults should be noted by circling either 1 (yes) or 0 (no) in the availability box on the code sheet.

4. While viewing the tape, the observer should code the following five variables for the target child for each 10 second interval:

(a) Code each 10 second interval appropriately, using the 29 social behavior categories.

(b) All instances of social behavior must be coded as to who else is involved in the event. "Other" may be either a peer (code as 1) or an adult (code as 2). If more than one "Other" is involved, record the person with whom the subject is most directly involved. If it is not possible to determine a primary "Other" when S's attention is directed to a group (Adult with peer(s)), code as 3.

(c) Any S social behavior that is facilitated by an adult should be coded as adult facilitated when the adult is not the "Other" involved. Behaviors for which adult facilitated must be scored include 2, 3, 5, 7, 10-11, 20-21, 30-31, 40, 41, 50, 52, 60-61, 70-71, 80-81. Code a 0 (no) when no adult facilitation of behavior has occurred, code a 1 (yes) when adult facilitation has occurred, and code N/A when the category being scored does not require an adult facilitation code and when an adult is the social partner.

(d) Observers should record whether the subject initiated the event for categories 2, 3, 4, 5, 6, 7, 8, 9, 10-11, 40, 50, 70, and 80. Code an 8 (N/A) when the scored category does not require an initiation code.

(e) For any event coded using major categories 6, 10-11, 40, 50, 52, 70, and 80 also code whether the subject was successful or unsuccessful. Code an 8 (N/A) when the scored category does not require a success code.

5. The rater may stop the tape whenever necessary for coding purposes. Each interval should be reviewed as many times as necessary, so that the rater feels that the data were accurately recorded.

6. If no social behavior occurs during a 10 second interval, score a 00 (No codable social behavior) and indicate what the target child was doing during that interval using one of the "Other Classroom Behavior" codes. If more than one behavior occurs during the coding interval, score the behavior that occurs for the greatest length of time. If, during the coding interval, the child performs a behavior which should be scored as "Responds to adult social bid" or "No response to adult social bid," either of these categories shall be scored over and above all "other classroom behaviors" regardless of the length of time. These include:

Playing - includes focused manipulation of classroom toys, materials, books, etc. The child can be playing alone or with a peer or adult. This category will be used when child is involved in free play. If the child is

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participating in a group activity, code "Participating in Classroom Activity."

Unoccupied - child is staring blankly into space or wandering, with no specific purpose, only slightly interested, if at all, in ongoing activities. Generally there is a marked absence of focus or intent when child is unoccupied.

Adult Manipulation - adult physically controls the child through a series of movements or a teaching sequence. This includes physical redirection of a child's actions, positioning of child's body during therapy, and physically moving child from one place to another. This can also include comforting a crying/distressed child.

Responding to Adult's Social Bids - this includes any instance in which the child responds to a social interaction initiated by an adult. This includes an adult asking the child a question or verbally directing a child to perform some action. Code this if a child receives one on one attention or instructions from an adult during a group activity. If, however, the child is taking his/her turn in a song or group activity (example: saying the child's name during the "good morning song" or jumping up and down when it is their turn in a game), code as "Participating in Classroom Activity." This category should also be coded if the adult is performing hand over hand direction of the child's actions during play or an activity (e.g., holding the child's hand so that he/she can hold a paintbrush and helping the child make brushstrokes). The coder should wait to observe the child's response to be sure that there is indeed NO response rather than a delayed response.

Transition - this is coded when a child is moving from activity to another with or without assistance. Transition should not be coded when child disengages from a specific activity for a brief period and then becomes reinvolved in the same activity. Also includes setting up materials for a new activity (moving chairs or mats to a new area for circle time). → Cleanin up with/wout assistance (Not Picking up) ↳ score as adult manip

Crying - child is crying/fussing. This may occur during other activities (circle time) but if child is unengaged and is crying, code crying (not unoccupied).

Eating - the child sits alone or with peers/adults and eats (or drinks) independently or is fed by adult.

Routine Self-Care - this includes dressing, undressing, hygiene (washing hands), and grooming. When the adult is helping the child perform the task and is physically manipulating the child's body, this should be scored as "Adult Manipulation."

Scanning Classroom Environment - this includes looking around the room or at other children and/or adults for brief periods of time (under 5 seconds). There is a general lack of focus on one specific activity or person, but the child is looking around. If the child watches others engaged in a specific activity for 5 or more seconds, code "Involved Observation." If the child appears to be looking at a specific activity which is occuring off camera, score "Scanning Classroom Environment," even if they are focused on that activity for more than 5 seconds.

Participating in Classroom Activity - child is engaged in group activity that is teacher-directed. Examples include singing during circle time, attending to a story, participating in a directed art or other activity in which the teacher is instructing the group on what to do. Also include sitting and waiting for their turn, etc. during circle time. If the teacher is providing individual direction or instruction to the child and the child is responding and/or following directions, code "Responding to Adult's Social Bids."

No Response to Adult Social Bid - This category will be used when the child does not respond or responds negatively to a social bid initiated by an adult. This category should be used when the child's behavior following an adult's social bid can be characterized by one of the following social behavior categories: 30, 31, 42, 72, 82.

# Categories for Interaction

## I. Involved Observation

This category is coded when S simply watches the activities of O(s). S is caught up visually with O's activity but makes no attempt to join the activity or otherwise interact with him.

S may shift focus from one to the other of two interacting people (i.e. following a conversation between two people). This is acceptable to code so long as he is continually focused on the same interaction. Do not code Involved Observation if O is talking to S. Do not code Involved Observation when the subject is watching an adult during a teacher directed activity such as circle time.

Observation must take place for 5 seconds or more to be coded.

### Differentiation:

If S is observing O and subsequently moves toward and stands or sits near O to get his attention, attention seeking (code 70) should be scored. Be sure S is moving to get O's attention and not simply moving to a better position from which to continue observing him.

### Examples and Codes

| | |
|---|---|
| Setting: | O is loading miniature people on the toy school bus. |
| S action: | S watches O put people on the bus for 10 seconds |

## 2. Joins Other(s) Engaged in Specific Activity

Score here when S sees O engaged in a specific activity and deliberately joins him in that activity. Joining may involve playing with the same toy(s) as O or entering into O's dramatic play. S may or may not have been doing something prior to joining the play. To qualify as joining, S must engage in the specific activity of O. Moving to play in proximity to others but on a separate toy or activity would not be coded here.

Differentiation:

The focus is not an effort to gain attention as in Category 70, but rather on the activity itself at this time. However, attention-getting, leads, or other codable behaviors may precede or follow the joining and should be coded accordingly.

Differentiation:

If S and O are involved in an activity and S leaves the play area only to get additional toys, then returns directly to the same activity, joining should not be coded regardless of the time away from O. The searching for toys by S is an extension of the play and therefore the return to the activity should not be considered joining a new activity.

Examples and Codes:

Setting: O plays with the farm set. He is setting up fences and getting animals out. S is across the room playing with the nuts and bolts.

S action: S stops playing, gets up and walks deliberately to the farm set-up and begins making a corral. S and O play farm together.

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Setting: O1 and O2 are building a brick wall across the room. O1 and O2 are building a door on one end of the wall. S is watching O1 and O2.

S action: S brings bricks over and adds them to the construction.

------------------------------

## 3. Verbally Supports Other's Statement

When O says something and S verbally supports his statement, code the behavior in this category. S may support O to no one in particular, or S may come to O1's support in the midst of an argument between O1 and O2. The key is that O does not solicit the support from S.

Differentiation:

S may support a negative statement as well as a positive one. For example:

O1 says to O2: "We're not building a castle."
S says to O2: "No, we're not."

Differentiation:

Simply repeating O's statement should be coded as Imitates Peer (61). For example:

O says: "The tower's really tall."
S says: "The tower's really tall."

Differentiation:

If O's statement is a lead directed at another O and S supports and reissues the lead, code in category 10-13. For example:

O1 says to O2: "Get away from us."
S says to O2: "Yeah, get away from us."

Differentiation:

If O asks S if he agrees with him, code in category 81 (Responds to O's efforts to Seek Agreement). For example:

O says to S: "This guy's really strong, isn't he?"

S responds: "Yeah!"

Examples and Codes:

Setting: S, Ol, and O2 are talking.
O action: Ol says, "Darth Vadar is really mean."
S response: S says, "Yeah! He's really mean."

------------------------------

Setting: S, O1, O2, and O3 are sitting around a "table" made from blocks "having a picnic."
O4 action: O4 approaches and asks "Can I join you, too?"
O1 action: O1 blocks O4's path and says "Sorry, no more room."
S action: S says "That's right, no more room."

------------------------------

Although a "Yeah" followed by a statement is a tip-off to a verbally supports, a "Yeah, but . . ." is not necessarily supportive of the peers statement.

Setting: S and P1 playing doctor (S is doctor)
P1 action: "I never get to be the doctor."
S action: "Yeah but you're only playing, that's why."

## 4. Verbal Competition

When S brags or makes verbally competitive statements score the behavior in this category. Usually S will utilize comparatives or superlatives to describe himself or something related to himself as better than P. Also include statements where S claims equality to P, such as when P says "I can jump high," and S retorts, "I can jump as high as you can."

### Examples and Codes:

S says the following:

"Mine is better."
"I am bigger."
"Bet I know a better short cut than you."
"I can beat you."
"My daddy can beat up your [illegible]
"I can make a better gun than you."
"I'm the first" (as in I'm number 1)

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## 5. Shows Pride in Product or Attribute to Others

This category is scored when a child expresses pride in something he has created, in something he is in the process of doing or has done, or in something he claims he can do to other children (not in competition). Expressions may be directed toward peers or adults. The product must be available in the room or the claims well within the skills of the child. Expressions of pride need not be verbal.

### Differentiation:

For statements such as "Look at my drawing," this category takes precedence over Category 70 (Attention) or Categories 10-11 (Leads Peer). The primary goal of S is to show his product, attention and behavior control are secondary. However, if S repeats such statements, all those after the first should be coded as leads.

### Examples and Codes:

Setting: S and O are playing in parallel.
S action: S lifts up his shirt and warmly displays his Husky T-shirt to O.

------------------------------

Setting: S works for a long time attempting to put together a puzzle. Finally he does it.
S action: S turns to O and says, "Look! I did it all by myself."

------------------------------

Setting: S and O are playing with the legos.
S action: S holds up his construction and says to O "I made a real cool airplane."

## 6. Competes with Peers for Adult's Attention

S's overt competitive behavior with P for an adult's attention is scored in this category. This can occur in a didactic situation when S wants to say something to the teacher or S can begin a conversation with the teacher who is paying attention to someone else. S's behavior must be an obvious, even pushy attempt to get the attention of the adult and not just an idle comment to an adult who is attending to another child.

### Successful vs. Unsuccessful Events

Successful - An event is scored as successful if the adult attends to S visually, verbally, or physically.

Unsuccessful - If the adult does not respond, reacts negatively to the competitive behavior of S, or puts the child off by making him wait his turn, code as unsuccessful.

### Examples and Codes:

Setting: Teacher is tying P's shoe.

S action: S taps teacher's arm and says, "Look at my new laces."

Successful:

-- Adult looks at S's new laces.

Unsuccessful:

-- Adult says, "I can't look now."

-- Adult says, "Wait until I am finished with John's shoe."

------------------------------

Setting: P is talking to the teacher about his fireman costume for Halloween. S is playing in the kitchen but looks up when P starts talking to the teacher.

S action: S walks over and says to teacher, "I'm gonna be a Ninja Turtle."

Successful:

-- Teacher says,

"Will you be Michelangelo?"

Unsuccessful:

-- Teacher ignores S until P is finished.

-- Teacher says, "You can tell me about your costume when Jeff is finished."

## 7. Expresses Affection to Others

This category is intended to measure direct verbal or physical expressions of affection. Score here when S issues a statement to O obviously meant to convey positive regard, such as "I like you, you're my friend". Also code behaviors such as hugging, patting, embracing, and holding hands. Do not code instances in which children were instructed to hold hands by adult.

### Differentiation:

Friendly statements which attempt to control the behavior of a other, such as "Sit next to me" or "Come play with me", are scored in Category 10-11 (Leads Other Activities).

### Examples and Codes:

Setting: S and O roll a car back and forth to each other.
S action: S says, "You're nice. I like playing with you."

Setting: S plays with a doll alone. O plays with a stuffed animal.
S action: S comes to P, puts his arm around P's shoulder and pats his arm.

## 8. Shows Empathy towards Peers

When S offers P a valued object (game, toy, food, etc.) or engages in behavior indicative of concern over the welfare or comfort of P (gets crayons for P, retrieves a dropped object, helps put on his shoes), this behavior is scored as showing empathy to P. Only spontaneous, S-initiated prosocial behaviors are scored here.

### Differentiation:

If P directs or requests S to help with a particular task and S complies, then score event in Category 20 or 41 (Follows Lead of Other or Responds to P's Use of S as a Resource).

### Examples and Codes:

| | |
|---|---|
| Setting: | P is crying and saying, "I want Mommy." S, who is playing with the trucks hears P's cries. |
| S action: | S carries two trucks over to P, gives him one, and says, "I'll play with you." |

## 9. Expresses Hostility to Peers

S's behaviors, both physical and verbal, which obviously convey hostility toward P are coded here. If S expresses both verbal and physical hostility toward P simultaneously, then code only one event.

### Verbal

Forthright statements of personal dislike ("I hate you"), strong and definite vocal rejections of a peer ("You're not my friend"), threats, and other firmly stated expressions that reveal momentary or long-standing dislike of P are scored as expressions of hostility to peers. Also included here are instances where S taunts, teases, and mocks P.

### Physical

(1) Hits, grabs, spits, etc. - Hostile actions that entail direct physical contact, near misses, and threatening gestures fall into this category. Hitting, slapping, pulling hair, biting, spitting, kicking, and throwing objects or toys are examples of behaviors scored as physical hostility.

(2) Physically disrupts peer's activity - This category includes purposeful actions by S which are meant to interrupt and disturb P's activity. Kicking over P's block structure, or knocking a book from P's hands are examples.

(3) Rejects physical affection - Any attempts by P to show affection to S to which S responds negatively are scored here.

Differentiation:

Often a thin line differentiates verbal hostility from negative verbal directing of peers (Category 11). If the communication is phrased in terms of a demand intended to produce physical action or physical confinement on the part of P ("Leave me alone"; "Get out of here"; "You can't play with us"; "Move!"), the behavior is scored as leading Peer (Category 11).

Differentiation:

Taunts and mockery may take the form of imitation of something P has said. However, to be scored here, it must be obvious to the observer that the imitation was said or occurs in a sarcastic, spiteful manner. S's intent is to make fun of P. If the imitation is not clearly negative and mocking, score in Category 61 (Imitation of Peer).

Examples and Codes:

| | |
|---|---|
| Setting: | S pushes toy shopping cart loaded with dishes and groceries. P comes to play in the housekeeping corner but not with S. |
| S action: | S says in a loud, negative voice, "I don't like you. I don't want to play with you." |

------------------------------

| | |
|---|---|
| Setting: | Pl is playing with a car in the middle of the room. S and P2 walk by P1 paying no attention to him. |
| P action: | P1 says to P2, "No, go away." |
| S action: | S says very sarcastically to P1, "No, go away, go away." |

------------------------------

Setting: P has all the little cars in between his legs and does not share them even when asked politely by S.

S action: S pretends to fly helicopter in huge swoops near P's head, at times just missing him.

---

Setting: A group of peers builds an elaborate block structure. S tries to join them but is rejected.

S action: S kicks the blocks down.

### eads Other's Activities

*(Note: Leads can be directed toward both peers and adults)*

10. Leads Other-- Positive/Neutral

11. Leads Other-- Negative

Leads are those interactions in which S attempts to control, influence, or change the behavior of O. Leads are usually verbal but can also be non-verbal. Non-verbal leads may be gestural and should be interpreted according to the context in which they occur. A Lead may be a request for an immediate behavior or for a future esponse. Efforts to control the fantasy play of O are also to be coded as Leads.

There are two categories of Leads listed above. The distinction that differentiates the two codes, Positive/Neutral vs. Negative, is explained below.

Children issue leads in many ways. Some leads are unmitigated statements of what the desired action is. For example:

"Put the guy over here."

"Go Away!"

"Give that to me."

"Stop it!"

"Pretend I'm Superman and you're the bad guy."

"Pull the train over here."

Other leads may suggest a desired response but do not state it in the same straightforward manner shown in the above examples. There are several ways in which leads are mitigated. Here are some of the more common:

Tag questions:

Occasionally children will seek to "soften" their leads by attaching a word or phrase such as "okay?" or "alright?". For example:

"Don't play with that, okay?"

"You be the king and I'll be the guard, alright?"

"No hitting, remember?"

Modal Verbs:

Another way children mitigate leads is through the inclusion of modal verbs such as can, should, would, will, etc. For example:

"You could play over there instead."

"You shouldn't put the cars there."

Hafta/Needta/Wanna...

Often children will modify statements by including words such as "have to", "need", "gotta", "want". For instance, rather than issuing the directive "Give me that car", S may say more politely "I need you to give me that car". Other Examples:

"You hafta be the bad guy."

"I want you to leave."

"You need to build a bridge now."

Leads in question form:

Often, the structure of a Lead is altered to that of a question but the statement is still clearly an attempt to influence the behavior of O. Unlike questions in Category 40, where the purpose is to obtain information, questions by S which are scored here have as their purpose a specific "action" by O. It is the behavior of O that is of interest to S, not information he could provide. For example, the question by S, "Wanna play doctor with me?" rarely has as its purpose the unveiling of O's desires. S's goal is to get O to play doctor with him. Other examples:

"Will you play with me?"
"Wanna play house?"
"Why don't you play with this instead?"
"Would you give me all the money?"

"If..., then..." Statements:

Statements in the form "If...(you do something), then..." are to be coded as indirect leads. For example:

"If you give me the block, I'll let you play with me."
"If you play Michaelangelo, then I'll be Raphael."

Requests for access:

Permission statements by S which have as their purpose gaining entry into O's play are to be coded as indirect leads. For example, "Can I play?" could be interpreted as "Let me play" and as an attempt to control, therefore lead the peer. Other examples:

"Could I join you?"

POSITIVE/NEUTRAL vs. NEGATIVE

In order to determine if a lead is Positive/Neutral or Negative two aspects of the lead are considered, content and/or delivery style. A lead is considered negative if EITHER content or delivery style are deemed negative.

Negative content means simply that, regardless of the tone of the lead, the intent of the lead is to somehow stop, limit, or circumscribe the activity of an other. Leads of this kind may be delivered in a pleasant tone or include mitigating language (i.e. "Please stop doing that, okay?"), but are considered negative based on the content of the request.

A Lead is also coded as negative, regardless of the content, if the delivery style is negative. This would include leads delivered in an unpleasant, hostile, or whining manner. The action being requested in this case is irrelevant. What matters is HOW it is requested. "Give Me The Ball!", screamed in an angry voice, is a negative lead.

Positive/Neutral leads are therefore those leads that cannot be classified as Negative based on content or delivery style. There is nothing limiting or restrictive about the content and the lead is delivered in a positive, or at least matter-of-fact, manner.

Differentiation:

Requests for help in question form (usually with equipment) are to be coded in Category 40--Uses Other as a Resource. However, other questions which attempt to control O's behavior should be coded here, as described above.

For example, if O is holding a pencil, the request "Will you give me that pencil?" is interpreted as the polite equivalent to "Give me that pencil." and therefore would be coded as a Lead-Positive/Neutral. However if the pencil is inaccessible to S or difficult to attain, "Will you give me that pencil?" would be coded in Category 40--Other as a Resource.

Differentiation:

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Offering toys to O is coded as a lead. To qualify as a lead S must hold out the object with the expectation that O will take it from him. Tossing a toy to O is not coded. The offering of the toy may be accompanied by a verbal offer, such as "Take this" or "You can have this".

If S points to a toy or holds one up for identification purposes only and asks "Do you want this?", code in category 40--Uses Other as a Resource. If S holds the toy out for O to take while asking "Do you want this?", code in category 10—Lead Positive/Neutral .

Differentiation:

If S says, "How about you/we...[O action]" code as a Lead (i.e. "How about you move your stuff over there?"). However, if S asks "How about...[narrative]?" code in category 80--Seeks Agreement (i.e. "How about this guy's the bad guy?").

Differentiation:

A statement in the form I need/I want is only a lead if the expressed want need is something that S clearly wishes or expects O to fulfill. For instance, if O playing with the dragon and S says "I need the dragon" while looking at h expectantly, it should be coded as a lead. However, if the dragon is inside the ca and S says "I need the dragon" while reaching for it himself, with no expectation action or response by O, then it would not be appropriate to code a lead.

Differentiation:

Assigning a role to an other is usually a lead, i.e. "You be the Doctor", "Pretend you're the bad guy", "Let's be Ninja Turtles". A distinction should be made, however, between statements that assign a child a new role and those that simply state what role the child is already playing. For example, if O is walking around the room wearing a football helmet and S approaches and says "You're a football player," a lead would not be an appropriate code (70 - Seeks Attention, is better). However, if S approaches O with the football helmet, attempts to put it on his head, and says "You're a football player", Lead Positive/Neutral would be the appropriate code.

Differentiation:

If both negative and positive statements or behaviors are part of the same lead, code the lead as negative.

Differentiation:

Occasionally, when a child issues a lead that is ignored he will reissue the lead starting with "I said....". Code these additional leads. For example:

S says: "Move those blocks over here." (no response)

S repeats: "I said, move those blocks over here."

However if P **asks** S to clarify his lead and S begins by saying "I said....." do not code the lead again.

## O. Leads Other-- Positive/Neutral

Score in this category those Leads that are Positive/Neutral as outlined in the definitions on the pages 29-34.

Successful vs. Unsuccessful

Successful--S is successful if O responds appropriately as outlined in the definition of category 20--Follows Lead of Peer - Positive or Neutral.

Unsuccessful--S is unsuccessful if O refuses to follow or ignores his lead as defined in category 30--Refuses to Follow Lead of Peer - Positive or Neutral.

Examples and Codes:

Setting: S and O are playing with the garage together. They send cars up in the elevator and drive them out.

S action: S says, "Put it there." and points to a spot as O drives his car out of the elevator.

Successful:

-- O putt-putts his car to the space indicated.

-- O says, "OK, but first I have to get gas." O drives to side, pretends to fill gas tank, then goes to the space.

Unsuccessful:

- -- O says, "I am going to get gas." and goes to the place where pump is.
- -- O says, "No, I'm going down the ramp."
- -- O ignores S

------------------------------

Setting: S and O play house together.

S action: S says, "Come to my house after school."

Successful:

- -- "OK. Do you have cartoons?" says O.

Unsuccessful:

- -- P says, "I won't come."

xamples and Codes:

Setting: O1 throws a nerf ball at a square drawn on the blackboard. O2 waits for a turn.

S action: S approaches and asks O1 "Can I have a turn?"

Successful:

O1 says, "Wait. It's his turn now, then it's your turn." O2, O1, and S all get a turn.

Unsuccessful:

-- O1 the chases ball and continues to take shots at target.

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Setting: S and O are talking at the table.

S action: S says, "Lets play with the cars, okay?"

Successful:

-- O says, "Okay, let's race 'em!"

-- O picks up two cars and takes them to the table.

Unsuccessful:

-- O says, "I wanna read", and gets a book.

------------------------------

Setting: S and O are playing with the legos.

S action: S points to a piece that he could get but is closer to O and says, "Will you hand me that red piece, please?"

Successful:

-- O hands S the red piece.

Unsuccessful:

-- O says, "You could get it."

-- O says, "No, the red ones are mine."

------------------------------

Setting: S and O are playing ghostbusters.

S action: S says "You be slimer, OK?"

Successful:

-- O starts to slime S.

Unsuccessful:

-- O says "No, I'm Peter."

### 11. Leads Other-- Negative

Score in this category those Leads that are Negative as outlined in the definitions on pages 29-34.

Successful vs. Unsuccessful

Successful--S is successful if O responds appropriately as defined below in the definition of category 22--Follows Lead of Peer - Negative.

Unsuccessful--S is unsuccessful if O refuses to follow or ignores his lead as defined in category 32--Refuses to Follow Lead of Peer - Negative.

Examples and Codes:

Setting: S and Ol play doctor together. Ol is the patient.
O2 approaches the pair.

S action: S yells, "No, don't play with us," to O2.

Successful:

-- O2 stops walking toward S and O1.
-- O2 retreats.
-- O2 scowls and says, "I don't want to play."

Unsuccessful:

-- O2 comes over and lies down beside O1.
-- O2 replies "Can I play?"

Successful vs. Unsuccessful

Successful--S is successful if O responds appropriately as defined below in the definition of category 20--Follows Lead of Peer.

Unsuccessful--S is unsuccessful if O refuses to follow or ignores his lead as defined in category 30--Refuses to Follow Lead of Peer.

Examples and Codes:

Setting: S and O are playing on castle.

S action: S says "I don't think you should open the drawbridge."

Successful:

-- O says, "Okay, I'll go through the trap door."

-- O shuts the drawbridge.

Unsuccessful:

-- O opens the drawbridge and pushes the dragon through.

------------------------------

Setting: S and O are playing with the cash register.

S action: S screams "I want you to put the money in here!"

Successful:

-- O puts the money in the right slot.

Unsuccessful:

-- O puts the money in his pocket.

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## ollows Lead of Peer

This category can only be scored when the other is a peer.

20. Follows Lead of Peer-- Positive/Neutral

21. Follows Lead of Peer-- Negative

Behaviors scored in this section are responses by S to verbal or nonverbal Leads of P. S must complete or at least attempt to comply with P's Lead, or provide P with a reasonable rationale as to why he is unable to do so, in order for it to be scored here. S's response may be verbal or nonverbal, depending upon the nature of P's request.

A future event directive would be coded here if S acknowledges the request an gives a reasonable response. For example, P says, "Come to my house this evening. S responds, "OK." It is, of course, impossible to tell if S actually goes to P's hous but, from S's response, one must assume that S will comply with the request or least wishes to do so.

Differentiation:

For some leads it can be difficult to tell if a child is following beca compliance with the lead does not require him to do anything fundamentally differ from what he is already doing. In these situations they should be considered to following the lead unless they refuse verbally or engage in behavior that is clearl defiance of the lead. For example, If S and P are playing together with the House P says "Pretend these guys are going to school now" while placing two people on bus, S may in fact begin "pretending" without exhibiting any outward signs of ha done so. Other leads that are similar to this are "Be careful", "Don't worry", leads like "Look" and "Watch" when S is already observing P.

Differentiation:

There may be some negotiation or modification of the original lead. W

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ollows the basic idea P suggests but modifies and completes it, his behavior is coded under this section as Follows Lead of Peer. However, if S's modifications or ompromises are not acceptable to P, code in categories 30-31, Refuses to Follow Lead of Peer. For example, S is playing with the cars in the garage and P says to him, "Give me the blue car." S responds, "I'm playing with the blue car, you can have he red car" and tosses him the red one. If P indicates that the compromise is acceptable either verbally or nonverbally (saying "OK" or beginning to play with the car) code a 20. If P does not accept compromise, code as a 30. Also code all behaviors that occur as part of the negotiation process, such as questions or leads. For instance, in the above example, if S had asked, "I'm playing with the blue car, what other color would you like?", a 40 would also be coded.

Differentiation:

If S is actively noncompliant to a request by P but his response is either (a) appropriate given the interaction and P's expectations or (b) appropriate in the context of the play code here as Follows Lead of Peer. For example, consider the following sequence: S and P are playing with a Mr. Potatohead; then P says, "Put the eye here"; S removes it and says "No": both children laugh; the sequence is repeated with an ear, then the nose. P expects S to refuse his lead and S's response is part of the play. S's action should be coded as Following Lead of Peer--Positive or Neutral.

Differentiation:

Acknowledgment of a lead not followed up by appropriate behavior (e.g., fails to comply) is considered a refusal (Category 30-31). For example, if P says, "Give me those bricks, okay?" and S responds "Okay" but does not actually give him the bricks, code in category 30--refuses to follow Lead - Positive or Neutral.

## 0. Follows Lead of Peer-Positive/Neutral

Score here those behaviors where S Follows a Positive/Neutral Lead by P. Use riteria given on pages 41-42 to determine if S is indeed Following the Lead and use he definition of category 10 to determine if the Lead of the Peer is Positive/Neutral.

xamples and Codes:

Setting: S and P build a train set together.
P action: P says, "Bring the engine over here."
S response: S puts engine where P indicates.

---

Setting: S and P dress up together. S finds a coat and tries to put it on but has it upside down.
P action: P takes coat, turns it right side up and hands it back to S. "Put it like this."
S response: S puts it on right side up.

Examples and Codes:

Setting: S and P are playing on the garage.
S is pumping gas into his car.

P action: P drives his car up to the gas pump and says, "I want you to pump some gas."

S response: S "pumps" gas into P's car.

--------------------------------

Setting: S is playing with the stuffed rabbit and P is playing with the stuffed skunk. They are looking for the rabbit.

P action: P points to closet and says, Why don't you go look over there?"

S response: S opens the closet door and looks inside.

## Follows Lead of Peer-- Negative

Score here those behaviors where S Follows a Negative Lead by P. Use criteria ven on pages 41-42 to determine if S is indeed Following the Lead and use the finition of category 11 to determine if the Lead of the Peer is Negative.

xamples and Codes:

Setting: S and P are playing with the big blocks.
P has been building a large pile of blocks.
S puts a block on top of the pile.
P action: P says in a loud voice and with a negative tone,
"Get that block off of my pile!"
S response: S removes the block

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Setting: Several children are playing together in the kitchen. There is a doll on the floor. S is playing on the other side of the living room.
S comes over to the kitchen.
P action: P says in a loud voice and with a negative tone,
"Don't you come in here!"
S response: S says, "I don't want to play with you."
S grabs doll and leaves.

Setting: S and P are playing with the dress-up clothes.
S puts on a doctor's coat.
P action: P says in a loud voice, with a negative tone,
"Take that off!"
S response: S takes off the coat.

---

Setting: P and S are playing with a large pile of blocks.
S kicks one of the blocks towards P.
P action: P says "Don't kick."
S response: S gently pushes next block towards P.

xamples and Codes:

Setting: S and P are playing in the refrigerator, packing a "lunch."
S action: S puts soup in the lunch basket.
P action: P says, "I don't think we need that soup."
S action: S puts the food back in the refrigerator.

---

Setting: S and P are "looking" on the floor.
S action: S picks up bread and pretends to eat it.
P action: P says, "You shouldn't eat that. It's poison."
S action: S says, "Oh yeah. I forgot" and drops bread.

## fuses to Follow Lead of Peer

### 30. Refuses to Follow Lead of Peer-- Positive/Neutral

### 31. Refuses to Follow Lead of Peer-- Negative

Coded here are S's refusals to follow a peer's verbal or nonverbal leads, or S's noring of those leads. To be coded as refuses to follow, S must clearly refuse, nore the lead, or avoid a direct response to P by changing the topic.

ifferentiation:

If P issues a lead and S attempts to modify it in some way or only partially ompletes it in a way that is unsatisfactory to P, code here. However if S's odification is acceptable to P, code in category 20-21. For example: P says, "Give e all the big bricks" and S hands him two small bricks. If P responds by screaming, O, I WANT THE BIG ONES!", code as 30. However, if P takes the bricks and begins o build, code a 20.

ifferentiation:

Refusals by S to leads by P may in turn take the form of a Lead (usually egative). When this occurs, both behaviors should be coded. For example:

P says, "Get me those blocks!"

S says, "You get 'em!"

Code both the Refusal to Follow P's Lead and a Lead by S.

## Refuses to Follow Lead of Peer-- Positive/Neutral

Score here those behaviors where S Refuses to Follows a Positive/Neutral Lead P. Use criteria given on page 48 to determine if S is indeed Refusing to Follow the ad and use the definition of category 10 to determine if the Lead of the Peer is sitive/Neutral.

xamples and Codes:

Setting: S and P are putting a puzzle together.
P action: P says, "Put that piece here."
S response: S pulls the piece away from P's vicinity and does not put it in the puzzle.

------------------------------

Setting: S is holding an armload of blocks.
P action: P says "Give me a block"
S response: S says, "I had 'em first" and does not give P any blocks.

xamples and Codes:

Setting: S is packing toy food into a basket.

P action: P points to food on the floor and says, "I would like the hamburger."

S action: S puts the hamburger into his own basket.

Setting: P and S are playing with the garage. S's hand is blocking the entrance to the elevator.

P action: P puts a car by the elevator entrance and says, "I need to go in".

S action: S continues to block the entrance with his hand.

## 31. Refuses to Follow Lead of Peer-- Negative

Score here those behaviors where S Refuses to Follows a Negative Lead by P. Use criteria given on page 48 to determine if S is indeed Refusing to Follow the Lead and use the definition of category 11 to determine if the Lead of the Peer is Negative.

### Examples and Codes

Setting: P is playing with blocks and building a fort.
S walks toward the blocks.
P action: P says in a loud voice with a negative tone,
"No. You stay away from my fort."
S response: S continues to walk towards the fort.

------------------------------

Setting: S and P are walking around the room with
pull toys.
P action: P says in a loud voice, "Don't go that way."
S response: S says, "Okay" but continues to walk in
the same direction.

------------------------------

Setting: P and S are playing with a group of trucks.
S reaches for the dump truck.
P action: P says "Don't take that one!"
S response: S picks up the dump truck.

Examples and Codes:

Setting: P is building with the blocks. S is putting blocks back on the shelf.

P action: P walks over to subject and says in a loud, threatening voice, "I need those blocks!"

S action: S says, "I'm putting them away" and puts another block on the shelf.

## ther as a Resource - Information and Assistance Seeking

40. Uses O as a Resource
41. Responds to P's Use of S as a Resource
42. Fails to Respond to P's Use of S as Resource

### 40. Subject Uses Peer as a Resource

This section reflects S's clear intent to use peers as a means of obtaining information or help, specifically regarding objects or events. It is intended for situations in which S makes a request or poses a question to a peer, or otherwise indicates a need or desire for help or information. Clear evidence of nonverbal behavior intended to utilize P as a resource should also be coded. Pointing to ar untied shoelace and holding up objects in need of repair are examples. The followin are common ways that S uses P as a resource:

Seeks explanation or information

This section is intended for questions posed by S to P, in which S interested in the content of P's answer. Typically, but not always, the questions will begin with the words who/what/where/when/why/how. F example:

"Where are the blocks?"
"Who put the dolls here?"
"What are you doing?"
"Are you a Ghostbuster?"
"Is this the king or the guard?"
"When will my mom be here?"

Differentiation:

These questions are not efforts to control the behavior of P. Questions which are attempts to gain access to play or otherwise influence the behavior of P are coded in category 10. (See explanation of Leads). Here are some examples of questions that would NOT be coded in this category, but instead would be coded as Leads:

"Will you play with me?"
"I'm going to play, okay?"
"Wanna play doctor?"
"How 'bout building a house?"
"Can I play?"

Differentiation:

If S answers his own question before P has an opportunity to respond, do not code.

Seeks help with clothing

The key here is that S is unable to perform some function with his clothing, such as tie his shoes, or put on his coat. S actually needs and requests the help of P.

Differentiation:

If the "request" is in the form of a directive i.e. "Fix my shoes, John", it is to be coded as a Lead (category 10).

Seeks help with equipment

As in Seeks help with clothing, S is unable to easily obtain a desired object or operate the equipment alone. S actually is asking for and in fact needs the help of P.

Differentiation:

As in Seeks help with clothing, if the "request" is in the form of a directive it is to be coded as a Lead (10).

Differentiation:

This category is not appropriate if:

1) the object is in the possession of P;

2) the object is readily accessible to S and he could, if he wanted, reach over and pick it up;

3) from the context of the situation, it is apparent that the request is an attempt to manipulate the behavior of P, and is not an actual request for needed aid. These types of requests should be interpreted as attempts to control or influence the behavior of P and should be scored in Categories 10 and 11.

Successful vs. Unsuccessful

Successful - S is successful if P responds appropriately either verbal or nonverbally as outlined in the definition of category 41 (Responds to P's use of S as a resource).

Unsuccessful - S is unsuccessful if P fails to respond appropriately as outlined in definition of category 42 (Fails to Respond to P's use of S as resource).

Examples and Codes:

Setting: S sets the table in corner. P plays with cars on tile floor nearby.

S action: S goes over to P and asks, "How many plates is this?"

Successful:

-- P says, "One, two, three."

-- P says, "I don't know."

-- P says, "That many" and points.

Unsuccessful:

-- P says, "Who cares, anyway?"

-- P says, "Vroom, vroom."

-- P turns away from S

------------------------------

Setting: P and S play with legos together. They chat as they play and discuss their constructions.

S action: S asks, "Why are you putting that on there?"

Successful:

-- P answers, "That's its nose."

Unsuccessful:

-- P ignores

------------------------------

Setting: S and P build a large tower with brick blocks. They move around the room looking for more blocks.

S action: S stops and says to P, "Uh oh, can you tie my shoe?". S points at lace hanging.

Successful:

-- P kneels down and tries to tie it but cannot do it.

-- P goes and tells teacher that S's shoe is untied.

-- P shrugs his shoulders and says, "I can't tie."

Unsuccessful:

-- P says, "No way, Jose."

-- P keeps trotting around looking for bricks after glancing at the shoelace.

-- P hands S a block and says, "Put it up there."

------------------------------

Setting: S plays with a shape box; P sits nearby at the same table and plays with puzzles.

S action: S has trouble getting the triangle in the right hole. S whines to P, "I can't do it. Can you make it go in?"

Successful

-- P says, "That's a triangle. It goes here." P points at right place.

-- P says, "It goes here," and P points to circle hole.

-- P takes the triangle block, lifts the shape box lid, and puts it in.

Unsuccessful:

-- P pushes a puzzle to S.

-- P says, "Nope, I don't want to" and gets another shape box for himself.

-- P does not even look at S.

## 1. Responds to P's Use of S as a Resource

This category is to be coded if S responds appropriately, either verbally or non-erbally, to P's attempts to utilize S as a resource. To determine if P is, in fact, Using as a Resource, apply the definitions given in category 40. Appropriate non-verbal esponses by S might include nodding or shaking of his head, point to an object, or on-verbal compliance with a request for assistance.

Positive as well as neutral responses are coded here. For example, responses uch as "I don't know" or "I don't know how" should be coded in this category. Also cceptable to code here are responses such as "No" when that response is ppropriate to the question. For example, if P asks "Is it time to clean up yet?", "No" ould be an appropriate response. Hostile responses and refusals are coded in ategory 42 and are explained more fully there.

### Seeks Explanation or Information

This category is to be coded if S responds appropriately to P's requests for an explanation or information.

### Seeks Help with Clothing

Code here if S responds appropriately and/or attempts to help P. Even if S is unable to actually help P, it is considered a Response if S makes an attempt to do so. The event is also scored here if S is unable to help P and responds, "I don't know how." and/or if S seeks the assistance of other children or an adult. If S responds affirmatively to P's request but does not actually help him it is coded in category 42 (Fails to Respond to P's use of S as a Resource).

## 51. Fails to Defend Property

This category will be scored when a peer takes a toy or object from the target child who possesses the object, however, the target child does not attempt to defend his/her property. Use the same criteria described in Category 50 for determining if S "possesses" an object and whether, therefore, a reasonable right or expectation to defend it exists.

## 52. Defends Property

This event is similar to Takes Unoffered Object, however in this category, P attempts to take toys from S. Use the same criteria described in Category 50 for determining if S "possesses" an object and whether, therefore, a reasonable right or expectation to defend it exists. Usually, S will physically or verbally defend an object. However, if S does not defend an object, code Fails to Defend Property (51).

Differentiation:

A distinction should be made between Denying Access to play and Defending Property. If P is not trying to take a toy from S but is only trying to play with it along with him and S restricts or denies him access to the play this will usually be coded as a Leads-Negative (Category 11). Defends Property should only be coded if it is felt that P's intention is to take the toy away from S.

Differentiation:

Children who obviously try to "possess" a number of toys simultaneously with the intention of keeping other children from playing with them are special cases. These children are easily identified because they will hoard as many toys as possible, and often they do not play with any of the toys. Also, they will try to possess toys which are not in immediate proximity to them, but "defend" the toy from other children, even if it is across the room. These attempts to "hog" toys should usually be classified as Leads-Negative (Category 11), unless the object is already in the possession of P (Category 50 - Takes Unoffered Object). These activities are actually quite negative on the part of S, and do not truly fit the definition or the spirit of defending property from an aggressor.

Successful vs. Unsuccessful

Successful - In a successful event, S retains possession of the object, either by agreement or force. When P attempts to take multiple objects simultaneously, S must retain all of the objects to score the event as Successful.

Unsuccessful - If P gains possession of the object(s) without agreement by S or through lack of resistance by S, code as unsuccessful.

Examples and Codes:

Setting: S has been pushing play milk cartons around in the shopping cart. S pushes the cart beside the cash register on the table and sits down.

P action: P comes to explore the shopping cart and takes the milk cartons.

S action: S yells "No-o-o! Mine. That's mine."

Successful:

-- P drops the milk cartons and stares at S.

Unsuccessful:

-- P turns his back and runs to the opposite corner of the room with the milk cartons.

------------------------------

Setting: S is holding the doctor kit.

P action: P runs up to S and attempts to grab kit from S.

Successful:

- S hangs onto the kit saying,
  "I'm the doctor."

Unsuccessful:

- S lets P have the doctor kit and goes
  to find something else to play with.

## 50. Imitation of P by S

In this section, score all spontaneous imitations of Peers by S, including repetition of sounds, words, sentences, gestures, and sequences of behavior. Exact copying of P's behavior is not necessary, but the essence expressed by S's behavior should approach P's. However, P must not have directed S to imitate him (see Differentiation below). Not coded as Imitations are instances which turn into a verbal or nonverbal game, when P expects or directs S to imitate him. Spontaneity is the key. Also exclude instances in which environmental cues, such as toys, game-playing, or room topography (stairs, chairs, doors, etc.) elicit similar behavior on the part of S.

Instances in which the child imitates an adult should not be scored because it s often difficult to discern whether the behavior is true imitation or a teaching effort by the adult.

Differentiation:

If P directs S to imitate his behavior and S does, then the behavior is scored in Category 20-21 (Follows Lead of Peer). If he does not, score in Category 30-31 (Refuses to Follow Lead of Peer).

Differentiation:

If S joins P(s) in an activity, it is scored in Category 2 (Joining Peer's Activity). If S then imitates specific behaviors of P, those behaviors should be scored 60--Imitates Peer.

Differentiation:

Instances of S's verbal support of a statement made by P, which are very similar to P's original statement should be classified in Category 3 (Verbally Supports Peer's Statement). The observer must judge that the statement is in fact intended for support and not purely imitative.

| | | |
|---|---|---|
| Example: | P1 to P2: | "You're going to jail." |
| | S to P2: | "Yeah, you're going to jail." |

Differentiation:

Repeating language during an argument is not imitation. For example, if S and P are arguing over who gets to be Michaelangelo, P says "It's my turn", and S responds "It's **my** turn", it does not really fit the spirit of this category and therefore should not be coded.

Differentiation:

Imitation of P that is said in a sarcastic or spiteful manner clearly intended as mocking, hostile, or making fun of P should be coded in category 9 (Expresses Hostility to Peer).

Examples and Codes:

| | |
|---|---|
| Setting: | S and P are playing together with the legos. Each has built a gun. |
| P action: | P aims his gun at S and says, "Bang bang." |
| S action: | S point his gun at P and says, "Bang, bang." |

Setting: S and P play are involved in unrelated activities.

P action: P picks up plastic bowling pins and raps them together in a rhythm.

S action: S gets two bowling pins and beats them together.

## 1. S serves as a Model (Imitation of S by P)

Definitions for this category are the same as for category 60, however the roles of model and imitator are reversed, P imitates S. All other criteria are the same.

Examples and Codes:

Setting: S and P build with legos together.
S Action: S picks up his construction and pretends it's flying.
P Action: P picks up his toy and makes it fly.

Setting: S and P build with large cardboard bricks.
S Action: S makes a chair with back and armrests.
P Action: P looks at S's chair carefully and constructs an identical item.

## 70. Seek Attention of Other

This section scores those behaviors by S that are attempts to gain the attention of an other. It is not important in the coding of this category what occurs after the attention has been sought or obtained. The child may have no further end in mind, or he may go on to use the peer as a resource (Category 40), attempt to lead the peer (Category 10-11), express affection (Category 7), etc. S's purpose here is to initiate social contact with P. Attention-seeking that is part of an ongoing episode where S and P are already engaged socially should not be coded. Therefore all 70 codes will also be scored as initiations.

The following are some of the common ways that children seek to gain the attention of another:

### Moves toward and stands or sits near O

S places himself in the vicinity of O and waits or expects to be noticed. The movement of S to the play area of O must be a deliberate attempt to seek attention by maximizing the chance of being noticed. S places himself conspicuously within the visual field of O. He may even place himself intrusively within the play area. No score should be given if S just happens to be near O and shows no attention-seeking behavior.

### Differentiation:

If S clearly moves near to O only to see what O is doing and not to get attention, do not score here. If he watches O for 5 seconds, score in category 1.

Differentiation:

If S moves toward O and immediately joins his activity without waiting to be noticed score in Category 2 (Joins Peer Engaged in Specific Activity).

Touches O

This includes all instances of a child's touching O or pulling at O's clothing in order to make O aware of his presence.

Differentiation:

Excluded from this definition are those instances in which a child seeks physical contact or comfort from a peer or engages in hostile acts, as well as those in which a child expresses affection to a peer by touching him in some way (see Categories 7 and 9).

Calls to O

Any time S calls out O's name or title, he should receive a score here. Also include instances such as "Hey", "Guess what?", and "Know what?".

Begins an interaction with O

--Tells something to Other

--Shows something to Other

--Tells something to O

This category includes those instances in which a child initiates a conversation with an other. Prior to the initiation, the other may or may not be focused on the topic of the child's comments. For example, a child might start to tell another child about something that went on at home or over the weekend, or he might talk about the weather or something he is doing. Generally, this will happen when an other is earby but doing something else and, in order to get his friend to focus on him, a hild might say, "I went to the zoo yesterday." The attempt to start a conversation is hen interpreted as an attempt to get the attention of a peer.

Differentiation:

If S begins an interaction with a question, lead, or other codable behavior score in the appropriate category and note it as an initiation. For instance S may ask O "What are you doing?". While this question may have multiple functions, including getting attention, we still code it as 40. The 40 code will also be scored as an initiation.

Shows something to O

This category also covers those instances when a child shows something to O n order to begin an interaction. Generally, the technique of showing something to egin an interaction will involve materials in the classroom; e.g., toys or an nteresting picture in a book. The object might be something of no particular interest ut is simply used as an excuse for initiating an interaction.

Differentiation:

The child can show the other practically anything; however, when the object is something the child has just made or has pride in (e.g., new clothes), this behavior should be scored in Category 5 (Pride in Product or Attribute).

Successful vs. Unsuccessful Events

Successful - The attention-getting behavior of S is successful if P responds appropriately as outlined in the definition of category 71.

Unsuccessful - The attention-getting behavior of S is unsuccessful if P fails to respond appropriately as outlined in the definition of category 72.

Examples and Codes:

Setting: S walks around the center of the play area with his hands in his pockets. S swings his legs in a pretend rhythm. P sits near the side of the play area building a long highway with wooden blocks.

S action: S stops walking looks intently toward P and goes deliberately toward the block construction. S sits beside P and cocks his face questioningly near P's face.

Successful:

- P smiles at S and says, "Do you want to play?"
- P looks up at S.
- P hands S a block.

Unsuccessful:

- P says, "Get out."
- P ignores S and keeps building.
- P moves away from S.

---

Setting: P is sitting at the table playing with the cash register.

S action: S moves across the room and stands beside P's chair in view of P.

Successful:

-- P looks up at S.

-- P says "You wanna buy something?"

Unsuccessful:

-- P picks up cash register and leaves without looking at S.

---

Setting: S plays at the stove in the housekeeping corner. P plays in parallel in the kitchen area. P bends over and searches for something inside the toy refrigerator.

S action: S reaches over and taps P on shoulder while P's head is in refrigerator.

Successful:

-- P springs up and puts a pan under S's chin and laughs.

-- P says, "Who's there?" and keeps rummaging.

-- P turns his head toward S.

Unsuccessful:

-- P keeps rummaging and does not acknowledge S.

-- P elbows S out of the space.

-- P unbends and grabs a toy milk carton from S.

---

Setting: S and P have puzzles out on the table.

They play without talking or communicating.

S action: S keeps playing and says, "Guess what?"

Successful:

-- P answers, "What?"

-- P looks inquiringly at S

-- P moves over one chair and is closer to S

Unsuccessful:

-- P ignores S

-- P calls to another child in the room

-- P sticks out his tongue at S

------------------------------

Setting: S is playing with the food at the table.

P walks past him.

S action: S calls to P, "Hey, Brian."

Successful:

-- P stops and sits down with S at table and pretends to eat.

-- P says, "What?"

Unsuccessful:

-- P continues to walk past without looking and sits down by the castle.

----------------------------

Setting: S plays with dolls near the dress-up corner. S undresses a doll. P picks clothes out of the dress-up box.

S action: S says, "My sister is two."

Successful:

- -- P answers, "My sister is three."
- -- P drops the clothes and joins S.
- -- P smiles at S.

Unsuccessful:

- -- P goes to play with cars.
- -- P does not respond visually or verbally.

------------------------------

Setting: P is playing with castle.

S action: S sits down next to P and says, "The dragon can breathe fire."

Successful:

- -- P looks up and says, "The king is safe in the castle."

Unsuccessful:

- -- P ignores S and continues to play with the castle.

## 71. Responds to O's Attention-Seeking Behavior

Code here if S attends to P within 3 seconds of O's attention-seeking behavior either visually, verbally, by moving closer to O, or by touching O. The response of S must be appropriate and related to the attention-seeking of O.

### Examples and Codes

Setting: S is sitting on the floor near the refrigerator with his head inside looking for food.

P Action: P approaches from across the room and says, "Hi John."

S Action: With his head still in the refrigerator he says, "Do you want to have lunch with me?"

### 72. Fails to Respond to P's Attention-Seeking Behavior

Code this category if S fails to respond to P's attention-seeking behavior e visually, verbally, by moving closer to P, or by touching P. A negative response by S w also be coded here, such as verbal or nonverbal rejection.

If fewer than 3 seconds elapse before P makes another attempt at seeking atter but the rater judges there to be sufficient time for S to reply, also score here.

Examples and codes:

| | |
|---|---|
| Setting: | S is stacking blocks by himself. |
| P action: | P approaches from behind and taps him on the shoulder repeatedly. |
| S action: | S turns and screams loudly, "Stop it! I'm building." |

## 0. Seeks Agreement by Peer

This section scores efforts by S to get P to agree with statements S has made. T tatements are usually phrased in a way that is biased toward an affirmative respons xample, "This dragon's strong, isn't he?"

ifferentiation:

What separates these statements from indirect leads is the content of the state efore the "okay?", "alright?", "remember?", etc. If the statement is a lead such "Go here" then "Go over there, okay?" is an indirect lead (tag question). If the stateme arrative, such as "This is the bad guy", then "This is the bad guy, okay" is coded as a Seeks Agreement.

ifferentiation:

Statements which request information rather than seek agreement are cod ategory 40--Uses P as Resource. For example, "Is this the bad guy?" is coded as 4 This is the bad guy, right?" is coded 80.

uccessful vs. Unsuccessful

Successful--S is successful if P responds appropriately as outlined in the definit ategory 81--Responds to P's Efforts to Seek Agreement.

Unsuccessful--S is unsuccessful if P fails to respond appropriately as outli ategory 82--Fails to Respond to P's Efforts to Seek Agreement.

xamples and Codes:

Setting: S and P are playing together on the castle.

S action: S says, "The dragon can breathe fire and the knight has to kill him to save the castle. How 'bout that?"

Successful:

-- P says, "Yeah, the dragon will burn the castle down."

-- P picks up dragon and pretends he is burning the castle down.

Unsuccessful:

-- P says, "That's a stupid idea"

-- P gives no response.

## 1. Responds to P's Efforts to Seek Agreement

Code here when S responds positively to P's attempts to Seek Agreement. S ndicate verbally or non-verbally that he agrees with P or approves of his idea. ndicates that he does not agree with P or simply ignores P then score as 82--Fai espond to P's efforts to Seek Agreement.

ifferentiation:

If P seeks agreement to a statement and S modifies it in a way that is acceptable ode 81--Responds to P's Efforts to Seek Agreement. However, if S's modification nacceptable to P, code 82--Fails to Respond to P's Efforts to Seek Agreement. xample:

| | |
|---|---|
| P says: | "The dragon trapped the knight in the cave, right?" |
| S says: | "Okay, but the princess is trapped in the cave instead, then the knight can save her." |

f P says "okay," places the princess in the cave, or otherwise indicates that nodification is acceptable, then code 81. However, if P rejects the modification, perha aying, "No, the princess is already dead," code 82.

xamples and Codes:

| | |
|---|---|
| Setting: | S and P are playing with the farm animals. |
| P action: | P says, "The cow says 'moo', right?" |
| S action: | S says, "Yeah, and the pig goes 'oink'." |

## Fails to Respond to P's Efforts to Seek Agreement

Code here when S ignores P's attempts to Seek Agreement or does not agree witl

atement.

amples and Codes:

Setting: S and P are playing with the plastic food.
P action: P says, "We're having a picnic, aren't we?"
S action: S says, "No we're not, we're camping."

## APPENDIX

| xamples of Common Scores: | Code |
|---|---|
| Setting: S and P1 approach the refrigerator as "ghost busters". P1 opens the refrigerator to look for ghosts. | |
| S action: S watches P1 look for and shoot the ghosts for 10 seconds. | 01 |
| S says to P, "Andy, I know what we can play" | 70* |
| S says, "Come over here." | |
| P says, "OK," and follows S. | 10S |
| S comes up to P and S asks, "What's that smell like?" | |
| P says, "Like spaghetti." | 40*S |
| S says, "Like spaghetti?" | 40U |
| P no response. | |
| P and S are playing with trucks. | |
| P says, "Put it there." | |
| S says, "No." "Go away, will you?" | 30 |

* Refers to behaviors that would be scored as initiations
S refers to behaviors that would be scored as successful.
U refers to behaviors that would be scored as unsuccessful.

|  | Code |
|---|---|
| S comes over to P. S says, "I'm coloring." | 70* |
| P says, "You should make it blue." |  |
| S says, "I'll do it any way I want." | 31 |
| S and P are playing at a table with a garage and cars. |  |
| S reaches over and pulls the garage away from P. |  |
| P pulls it back. S hits P. | 50U 9 |
| S calls P's name. Pause. P does not respond. | 70*U |
| S taps P on the shoulder. No response. | 70 U |
| P plays with legos building with concentration. |  |
| S watches for 20 seconds, | 1 |
| S then sits down and starts a lego construction. | 2* |
| S calls P's name and immediately asks a question for information. | 40* |
| S calls P's name. Pause (no response from P). | 70*U |
| S then asks P, "What's your sister's name?" | 40 U |
| P doesn't answer. |  |

* Refers to behaviors that would be scored as initiations
S refers to behaviors that would be scored as successful.
U refers to behaviors that would be scored as unsuccessful.

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**Segment:** 1 2 3 4 **Minute:** 1 2 3 4 5 6 7 8 9 10 **Second:** 10 20 30 40 50 60

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|---|---|---|---|---|---|---|---|---|
| **Not codable**<br>01 Not codable | **Availability**<br>**Peers** 1 Yes 0 No<br>**Adult** 1 Yes 0 No | **Who**<br>01 peer<br>02 adult<br>03 1 + 2 | **Adult Facil**<br>0 No<br>1 Yes<br>8 N/A | **Initiated**<br>1 Yes<br>0 No<br>8 N/A | **Success**<br>1 Successful<br>2 Unsuccessful<br>9 No code<br>8 N/A | **Other Classroom Behaviors**<br>01 Playing<br>02 Unoccupied<br>03 Adult manip<br>04 Resp adult soc | 05 Transition<br>06 Crying<br>07 Eating<br>08 Self-care | 09 Scan envir<br>10 Prtc class activ<br>11 No resp adult |
| **Activity**<br>1 freeplay<br>2 eating<br>3 activity | **Behavior**<br>00 No<br>01 Observe<br>02 Joins<br>03 V support<br>04 V compete<br>05 Pride in product<br>06 Compete atten | 07 Affection<br>08 Empathy<br>09 Hostility<br>10 L +/N<br>11 L - | 20 F +/N<br>21 F - | 30 R +/N<br>31 R - | 40 Resource<br>41 Response<br>42 Fails respond | 50 Takes object<br>51 No defend<br>52 Defends | 60 Imitates<br>61 Model<br>70 Seek atten<br>71 Respond atten<br>72 Not resp atten | 80 Agreement<br>81 Respond<br>82 Not respond |

**Segment:** 1 2 3 4 **Minute:** 1 2 3 4 5 6 7 8 9 10 **Second:** 10 20 30 40 50 60

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|---|---|---|---|---|---|---|---|---|
| **Not codable**<br>01 Not codable | **Availability**<br>**Peers** 1 Yes 0 No<br>**Adult** 1 Yes 0 No | **Who**<br>01 peer<br>02 adult<br>03 1 + 2 | **Adult Facil**<br>0 No<br>1 Yes<br>8 N/A | **Initiated**<br>1 Yes<br>0 No<br>8 N/A | **Success**<br>1 Successful<br>2 Unsuccessful<br>9 No code<br>8 N/A | **Other Classroom Behaviors**<br>01 Playing<br>02 Unoccupied<br>03 Adult manip<br>04 Resp adult soc | 05 Transition<br>06 Crying<br>07 Eating<br>08 Self-care | 09 Scan envir<br>10 Prtc class activ<br>11 No resp adult |
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# Parent/Caregiver Involvement Scale

# PARENT/CAREGIVER INVOLVEMENT SCALE

(April, 1986)

by

Dale C. Farran, Connie Kasari, Marilee Comfort & Susan Jay

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*(Video Tape and P/CIS Training Manual available for learning the scale.)*

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# Parent/Caregiver Involvement Scale
# Introduction and Background

## Purpose of the Scale

The Parent/Caregiver Involvement Scale (PCIS) was constructed to provide a global assessment of the amount of involvement and the quality of involvement between a caregiver and a child. By caregiver we mean a person who habitually and routinely takes care of the child. It can be the child's mother, or it could be a father, foster parent, or a grandmother or grandfather. It can also be a childcare worker. The scale is focused on interactive patterns between the adult and child which are likely to foster optimal development in the child. It is intended to be independent of the economic aspects of social class. We have tried to leave out of the scale items which may be more related to social class than they are to interaction.

This scale is a revision of several previously developed scales. The development of a scale to describe the mother's behavior in mother-child interaction sessions was begun in 1979 in an attempt to find an easier and quicker method for describing interactions than a behavioral count approach (Jay & Farran, 1979). The original scale (The Jay Scale) was used for three- and five-year-olds. The acceptance part of that scale was shown to be related to growth in the child's intelligence from age three to five. In 1981 the Jay-Farran Scale was developed to be appropriate for children under the age of three years. The initial emphasis was on the relationship of parent-child interactions as measured by this scale to later scores on standardized intelligence and achievement tests. We believe, however, the interactive patterns measured by the scale may be more related to later social development of the child. These patterns may also be important contributors to different types of parental responses to early intervention programs. The PCIS gives practitioners and researchers alike a common set of descriptors by which to compare caregivers whether for the purpose of comparing intervention services or determining the effects of certain child characteristics or other similar questions.

## Construction of Scale

The PCIS has several very particular characteristics which are listed below.

1. The scale is focused on the child's caregiver and that person's behavior with the child. There is no doubt that the child will influence the kind of behavior in which the caregiver can engage, but this scale is not focused on the child's contribution to caregiver-child interaction. Instead it is focused on the behaviors the adult uses to engage in interaction with the child.

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The scale is divided into types of behavior and then into different aspects of those behaviors. There are 11 different behaviors; each will be described in turn. The first is Physical involvement. Both passive support and active physical involvement of the caregiver with the child are included. Passive support means assisting the child in sitting or standing; active means physically touching, showing affection, patting and so forth. Verbal involvement refers to the amount of talking the caregiver does to the child. Responsiveness refers to the caregiver's reactions to child initiations, verbalizations, demands, distress. Responsiveness can also mean anticipation on the part of the caregiver when the child is heading into danger or an unwise situation. Play interaction refers to the time the caregiver and child spend together for the purpose of amusement, although it may include teaching as a by-product. Play often involves toys, but it may involve routines or games which are engaged in for fun, such as pat-a-cake or peek-a-boo. Teaching behavior is for the purpose of teaching a particular skill. It may be incorporated into play activities or it may be engaged in as its own activity. For motorically handicapped children, physical therapy is a form of teaching. Control over child's activities refers to the organization of the child's larger activities. That is, how is the child's time allocated to activities during play and who makes such decisions? Directives refer to the demands the caregiver makes of the child. Relationship among activities has to do with the connection of activities from the child's perspective. Does the caregiver relate activities one to the other in a way which is appropriate for the child's energy and developmental level? The next two areas refer to the display of Positive and negative emotions. Each is evaluated separately. The final behavior covered by the PCIS relates to an area we have called goal setting or expectations. Goal setting describes the degree to which expectations for behavior are communicated to the child by the caregiver.

Each of these behaviors is subdivided into three distinct aspects. The first is the Amount. Amount is a neutral concept. It relates strictly to the level of involvement of the caregiver n terms of each of these behaviors without regard for quality. It simply asks how much he caregiver demonstrates each of these behaviors. The more the caregiver shows each f these behaviors, the more involved the caregiver is with the child, be it positive or egative.

he second area relates to Quality. Quality describes the degree of warmth and accep-ance the caregiver shows by each of the 11 behaviors. How well does the caregiver carry hem out and with what degree of intensity?

he final area, appropriateness, refers to how closely matched to the child's development, terest level and motoric capabilities each of these behaviors is. One can envision a regiver or parent who is highly involved and affectionate wth her child but who does ot have a good sense of how to match demands and expectations to the developmental vel of the child.

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3. The "L" section of the scale was developed to provide a chance for the rater to make a glob assessment of caregiver involvement in interactions with the child. Irrespective of hc all of the other behaviors have been rated, these five areas give the rater a chance assess the overall quality of parental involvement.

4. The scale is constructed so that the top score is always five. It represents the most of behavior or the best quality or the most appropriate aspect of the behavior for the chil Thus one is always looking at a single behavior and rating it (1) from its presence absence, (2) in terms of its quality, and (3) in terms of how appropriate it is withou reference to other behaviors.

## Scoring of the Scale

The following principles should be used in scoring or rating caregiver involvement using th PCIS.

1. These ratings are based on behaviors and not on general impressions. This rating scal was developed to allow observers to describe caregiver involvement in interactions mor sensitively than just counting what occurred. An observer can take context, affect, an quality into account in making a rating—aspects that are difficult to capture with a stric behavioral count system. In fact, when we have compared the predictive usefulness o behavioral counts to the ratings, ratings come out significantly better. However, th danger of the ratings is that an observer will allow attitudes, feelings and to some extent biases to affect the way the ratings are made. When this scale is used to rate interactions from videotapes, the observer actually has a checklist which he or she uses to tally behaviors during the interaction sequence. Tallies on this sheet help the observer make judgments at the end of the observation session. When the scale is used in the home, it is frequently difficult to use such a behavioral checklist. Instead the observer must substitute a mental checklist for the physical one. The observer should be very familiar with the scale and with the different behaviors rated and should be aware of the behavioral anchors which are included at different points along the scale. In that way one can be mentally tallying appropriate behaviors during a home visit to enable accurate completion of the PCIS scoring form afterwards.

2. The rating scale is what is termed "behaviorally anchored." This means that not only are the particular behaviors described for the observer, but also particular aspects of each behavior are described. For example, there are many aspects of verbal involvement which one could rate. For consistency between raters we have tried to define which particular aspect of verbal involvement the scale is assessing. Those behavioral anchors are very important and should be used by the observer to determine item scores. The odd numbered points (1, 3, and 5) are behaviorally anchored If a parent's behavior falls between the two anchors then the even point should be used. To receive an even rating, (for example a rating of 4), the parent should be observed as evidencing all of the behav-

iors described at point 3 and some, but not all, of the behaviors described at point 5. The scale is intended to be based on observing a caregiver and child in playful interactions or with the opportunity to engage in play. For example, if the child naps during the whole visit or is being cared for in another room by a grandmother so that the mother can talk to the visitor, the observer actually has little opportunity to witness parent and child interacting. If there is no opportunity to see parent and child interact or if the behaviors observed between parent and child that day seem to be very atypical of the usual interaction style (e.g. the child tantrums for the whole visit), then the observer should wait to make the rating until another visit. The ratings should, however, be based on an actual visit or perhaps the average between two actual visits.

There is a provision on the score sheet for some items to be coded "not observed". This category is to be used sparingly and only for those Quality and Appropriateness items the observer absolutely cannot code. It is not appropriate for the Amount ratings. If one observed no negative emotion expressed, then it is a legitimate score of 1 for Amount and should not be coded as not observed. If the observer cannot rate either the Quality or Appropriateness of negative statements, NA should be entered for Quality and Appropriateness. Not observed is intended for those areas about which a judgment would be impossible.

The scale should be filled out immediately after the home visit. It should not wait a day r two until one has time to sit down and think. Waiting allows other general impresions or attitudes toward the caregiver to play a larger role in the rating than they do if ne completes it immediately after the visit when the observations are fresh.

The rating scale should serve as the guide for making the ratings, but the actual numbers re recorded on a separate single-page score sheet.

ummaries of items may be made in different ways depending on the particular needs f the rater and project.

. Summary Scores are often created for Amount, Quality, and Appropriateness ratings, collapsed across behaviors. These are created by adding all the ratings under each area and dividing by the number of behaviors rated. Under Amount, the number of behaviors rated is always 11. For Quality and Appropriateness, each is divided by the number actually rated (not counting Not Observed ratings).

Behavior Profiles. Some projects and individual clinicians have found it helpful to graph profiles for the behaviors. For example, they might graph the ratings on amount for all 11 behaviors to investigate how behaviors compare to each other. Similar graphs can be constructed for Quality and Appropriateness ratings. Graphs at the individual behavior level are more helpful for thinking about support caregivers may need than are summary scores.

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# PARENT/CAREGIVER INVOLVEMENT SCALE

(April, 1986)

DIRECTIONS: This scale is designed to assess the behavior of a caregiver during pla interactions with his/her child in home or laboratory settings. Play interactions should b observed for 20-30 minutes before scoring. Each item has behavioral descriptors at od intervals along the 5-point scale. Please read the descriptors and the conventions in th manual for each item then write the number that best describes the observed caregive behavior. If a behavioral item is not observed, please score 1 for Amount and not observe (NA) for Quality and Appropriateness.

A = Adult C = Child

Dale Farran, Connie Kasari, Marilee Comfort, & Susan Jay

Revision of: Jay Scale (1980), Jay-Farran Scale (1981), PCIS (1984), PCIS II (1985)

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## PHYSICAL INVOLVEMENT

### Amount of bodily contact.

lily contact involves both "passive" support and "active" touching. Passive support is erved when the caregiver uses her body to support the child, for example if the adult and d are on the floor and the child is leaning against the adult's knee. Occasionally it is icult to determine in passive physical involvement who is initiating the involvement. If ʼ passive contact is observed, score a 4 if it is continuous. Active touching includes using y to touch child *(e.g. having doll "kiss" or "hug" the child).*

ıbtain a rating of 5, a caregiver who is passively supporting the child a great deal must make some active attempts to touch the child. She may put her arm around the child, may pat the child, she may pick up the child. In these instances, it is clear that the adult ıitiating the interactions. Physical contact of either type may be intermittent or inuous. Choose the correct rating based on the overall percentage of time adult and child ɜ in physical contact.

sical contact of either type may be intermittent or continuous. Choose the correct rating d on the overall percentage of time adult and child were in physical contact.

### Quality of handling.

ırdless of how much the adult handles the child, this item relates to how well the adult dles the child. If the adult never touched the child or provided any passive support while g observed, check "not observed."

ite this item for children with motoric problems, the observer must be aware of what is opriate for that particular child. For example a child with abnormal muscle tone may to be bounced or rocked in order to maintain a position or state of arousal. If the child s to respond to this handling by relaxing or alerting, then it is appropriate for that child.

item is not a judgment of how much the adult likes the child; an adult may provide rough necessary handling because of stresses the adult is feeling or because of insufficient ing in handling young children or a child with motoric problems.

### Appropriateness of caregiver positioning.

ɔpriate physical involvement refers to the child's need to be positioned to facilitate s to people and to activities. This is particularly important for children who are not ıately mobile. These children depend upon adults to place them in positions where they nteract. For mobile children, adults must place themselves and toys/activities in ons where the child has easy access.

tem is not a clinical judgment about the therapeutic nature of the child's position. The ıat a motorically handicapped child may not be correctly aligned in a sitting position ause a long-range therapeutic concern. However, it is not a crucial concern in order for hild and adult to engage in successful and satisfying interactions or child learning. If dult has positioned the child so that he/she cannot move in order to engage in ctions or other learning experiences, then the adult would receive a lower rating. If the ʼequires trunk/head support, it is not necessary for the child to be in face-to-face contact he adult to score a 5.

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## 1. PHYSICAL INVOLVEMENT

A. Amount of bodily contact *(includes support, touching, holding)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little to none; **A and C hardly ever touch each other *(If amount=1, Rate Not Observed on Quality and Appropriateness)* | | moderate; A and C are in physical contact mostly in the service of other activities or only passive support | | very much; constant, must include active touching, not just passive support |

B. Quality of caregiver handling of child *(includes changing child's posture, guiding movements, carrying)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| never sensitive, well-executed handling; handling almost always rough, abrupt, ineffective | | sometimes sensitive handling; about half-the-time *(If only passsive support occurred, do not rate above a 3.)* | | almost always sensitive, well-executed handling; never rough, abrupt |

____*not observed*

C. Appropriateness of caregiver positioning of child: Placement of C in a particular posture for the purpose of play or interaction *(e.g., sitting, standing, lying)*; placement of A and toys to allow easy access by C

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| always positioned without adequate and easy access to toys and/or adult; impeding C's best approach to task | | sometimes positioned with adequate access; about half-the-time | | almost always positioned adequately for C's best approach |

____*not observed*

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# VERBAL INVOLVEMENT

## Amount of verbal involvement.

bal involvement means talking to the child. It can also mean reading or singing to the d. It does not include mechanical sources of verbal stimulation such as radios, record ers, or television sets.

matter whether the content of what the adult says is positive or negative, with this item observer is scoring the presence of verbal stimulation to the child. To rate amount, do attend to the quality or content of what is said, only to how much talk occurred.

deaf children, signing is included with verbalizations. For children who are not deaf, but whom signing is being used, signing must be accompanied by verbalizations.

## Quality of verbal interactions.

ity primarily relates to comprehensability for the child. When children are at the one- stage or better, this is a fairly easy item to gauge. The adult speaks at a rate the child ollow, repeat just frequently enough for comprehension and keep her language level le enough for the child to understand, but not too simple.

lightly more difficult to rate in the nonverbal child. Speech directed to the nonverbal should set the stage for the child's becoming verbal. It should be simple and repetitive gh so that it has the possibility of encouragaging speech and comprehension by the child. one of the adult's voice must be soothing and varied enough to gain the child's interest eech. Mumbling, lack of eye contact, and babyish, sing-song interactions all lower the g on this item. Adults can also speak too rapidly and overwhelm the child, resulting in ered rating.

## ppropriateness of verbal interaction.

ppropriateness, the focus is on the relationship of the words spoken to the activities: much does the adult surround the child's activities with words, embedding his or her iors in a verbal context?

ample, a high score should be assigned to adults with active, independent children who comment on what the child is doing, even offering interpretations *("That was hard for open, wasn't it?")*. For less active children, high scores should be given to adults who ent on gaze direction or smaller movements of the head and arms *("You hear that noise onder what that is?")*. In contrast, adults who talk equally as much but not about the behaviors or movements would receive a lower score. The adult may also explain his/ haviors to the child, linking verbalizations to adult activities relevant to the child. *cing to show you this new rattle.")* There must be some talk like this to receive a 5.

ves usually precede behavior and do not comment on the behavior. If an adult's speech most exclusively in the form of directives to the child she should receive a lower rating tem. If a parent does not take the opportunity to expand on the child's activity, he/ uld also receive a low score.

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## 2. VERBAL INVOLVEMENT

A. Amount of verbal involvement *(includes initiating and / or reponding to C's verbal or nonverbal behavior)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| none; A seldom talks to C *(If Amout = 1, Rate Not Observed on Quality and Appropriateness)* |  | moderate; A occasionally talks to C; about half-the-time |  | very much; A talks to C throughout session/visit with practically no pauses for C to talk |

B. Quality of verbal interaction *(adjustment for comprehension)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never adjusts speech to C's level--either too high or too low |  | moderate adjustment for comprehension; sometimes language directed to child too "babyish" or too complicated |  | A almost always assures C's comprehension of talk directed to C; A alters tone of voice to gain C's attention |

____ *not observed*

C. Appropriateness of verbal interaction *(How much does caregiver provide a verbal link between the child and the world?)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A hardly ever comments on C's activities or on A's own activities |  | A occasionally directs talk to C about C's activities, relates A's activities to C |  | A's talk almost always relates to C's activities and explains A's own activities relative to C. Must be both talking about C's activities and A's activities to receive 5 |

____ *not observed*

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## ESPONSIVENESS CAREGIVER TO CHILD

)

### mount of responsiveness to child.

the verbal and mobile child, this aspect of responsiveness is easy to gauge. Mobile, verbal en often make initiations to adults. At other times these children may engage in iors which should be controlled by an adult *(e.g. dangerous situations)*. These kinds of iors also require a response. Amount simply refers to the frequency of the adult's nding to the child. Responding can be either physical or verbal.

child never directly initiates to the adult because he does not verbalize and cannot move d her, one must be aware of more subtle cues that the child needs the caregiver's help. can take the form of cries, coos, or sometimes merely a gaze directed at a toy. By tion, some identifiable behavior of the child must precede the response by the adult.

### UALITY of caregiver responsiveness.

cus is primarily on intensity and the items range from very intense, forceful responses le, sensitive responses. A neutral non-responsive caregiver would score a 3 on this scale. ess is a moderate response. An adult who delivers intensely negative or intensely e responses in a forceful or abrupt manner would receive a 1 or 2 on this item. In st, an adult who responds gently, sensitively, or with non-intrusive enthusiasm would a 4 or 5 on this item. Some spontaneous reactions must also occur. An adult whose re-s are always the same would receive a lower rating.

e quality of parental responses not initiations. This item is independent of the amount onsiveness. The key behavior here is responsivity. Quality refers only to adult ses. Consider quality of the times the adult responded to the child. If no responses were d, "not observed" should be marked.

### PROPRIATENESS of caregiver responses.

er appropriateness of the times the caregiver responded. The focus is on timing. Under riateness, concentrate on how linked the adult's responsiveness is to the developmental f the child. Some adults with all good intentions overwhelm the child by anticipating every need. Such behavior is not developmentally appropriate and would yield a low the scale. Some children *(e.g., Down Syndrome)* require slower responses than other . Some adults seem oblivious to the child's needs or wait so long to respond that there connection for the child between his initiations and the response. Both very fast and e responses would score a 1 or a 2 on this item.

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## 3. RESPONSIVENESS OF CAREGIVER TO CHILD

A. Amount of responsiveness to C *(to his initiations, verbalizations, demands, distress)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never responds *(If Amount = 1, Rate Not Observed on Quality and Appropriateness)* |  | A occasionally responds; responds about half-the-time |  | A almost always responds |

B. Quality of caregiver responsiveness: Intensity

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| responds abruptly, forcefully, very intensely, harshly |  | neutral; response not intense at all |  | A responds in a gentle, sensitive, positive manner. A may respond enthusiastically, with delight. Spontaneity is also observed |

____ *not observed*

C. Appropriateness of caregiver responsiveness: Timing

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| seldom good synchrony of response to C's activities; A overwhelms C with quickness of response, or is too slow in responding |  | moderate synchrony of response to C's needs. About half-the-time A's response appropriate and well-timed to C's needs |  | response to C almost always appropriate to C's needs. Good synchrony of response--neither too quick nor too slow |

____ *not observed*

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## PLAY INTERACTION

### AMOUNT of play interaction.

item refers strictly to the amount of time adult and child are engaged in an activity which l be called play. Frequently this may involve a toy, but it could also involve playing s, reading stories, coloring together, or singing songs together. These are activities in h adult and child are engaged both with the activity and with each other. This gement does not need to be physical contact with the toy or activity. Some parents may gaged in play with their child, although their role is primarily a verbal one.

hing television together, therefore, is not play interaction. The parent's silent observa- f the child's play *(that is, the adult is not involved physically or verbally)* is not play action. The adult's talking to the child as he or she does a chore around the house is not nteraction. That kind of talk would be captured under the rating for verbal interraction, ot under play.

der to provide a rating on this item, the observer must strike a balance between rence and duration. Many adults use a strategy of intervening in the child's play only the child is becoming bored or needs help. They play for a few seconds and then pull again. Although there may be many episodes like this, altogether they may not add up ch total play time. The observer must be aware of how much play with the adult the is actually experiencing.

### UALITY of play between caregiver and child.

lt and child did not play together, rate this item as "not observed". This item refers only eractive episodes between adult and child. The focus here is on the warmth, interest play, and enthusiasm the adult shows for playing with the child. Sometimes play ior can seem routinized or forced even though the adult and child are interactive. The must demonstrate to the child excitement and pleasure in the play in order to obtain score on this item.

### PPROPRIATENESS of playful interaction.

the emphasis is on the kinds of activities in which the adult and child are engaged. The ion is how well adapted are the activities to the child's developmental needs and interest Again the observer must have had an opportunity to watch the parent and child play er before rating this item.

sential distinction in this item is between the adult who attempts to change the child er to make him play with the toys as they are, versus the adult who attempts to change ys or the activities so that they fit the child's developmental level and interest.

who adapt the environment, in this case toys and activities, so that they are in line he child receive a high score on this item. Similarly adults who appear to select toys lly for the child based on their appropriateness for the child's capabilities would receive rating. In order to receive a score of 5, the adult must have shown some evidence of the toy or activity to the child.

## 4. PLAY INTERACTION

A. Amount of play interaction: Attention/interaction of both caregiver and child to toy/activity *(May include teaching done in a play format but excludes routine child care (e.g., diapering, feeding)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little to none *(If Amount = 1, Rate Not Observed on Quality and Appropriateness)* | | moderate; about half-the-time | | almost always |

B. Quality of play between caregiver and child *(How much warmth, interest, and enthusiasm does the adult show to the child during play interactions?)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A shows no warmth, interest or enthusiasm during play; A may seem impatient, neutral or routinized in play | | A shows warmth, interest or enthusiasm some of the time; at other times seems routinized or detached | | A responds in a gentle, sensitive, positive manner. A may respond enthusiastically, with delight. Spontaneity is also observed |

_____ *not observed*

C. Appropriateness of play interaction *(Adaption of toys to child's developmental level and interest)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never adapts to C's level of ability and interest; A persistently uses toys or activities conventionally although inappropriate for C | | A sometimes adapts toys/activities to C's level of ability and interest; about half-the-time | | A adapts toys/activities to C's level of interest; conventional use of toys and activities fits developmental needs and interests of child. |

_____ *not observed*

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## EACHING BEHAVIOR

### MOUNT of teaching behavior.

ing behavior is instructive behavior on the part of the adult. For adults who teach well, it is sometimes difficult to distinguish from play. Teaching may occur in the midst y. It is distinguished from play in that it has a goal other than enjoyment. Teaching ior may include demonstrations and physical or verbal prompts for skills that are ging or new in a child's repertoire. The skills should be specific *(body parts, pat-a-cake)* ot general *(receptive language)* so that not all behavior is seen as teaching.

me motorically handicapped children, physical therapy is a form of teaching. It has other than mere play and it frequently involves mutual interaction between caregiver ild. However, physical therapy activities sometimes involve the child as only a passive ent *(e.g., range of motion exercises)*. This kind of "teaching" would not rate the highest n this scale. If the caregiver's teaching solely consisted of physical therapy, rate the no higher than a 3 on amount of teaching behavior.

eive the highest rating, the majority of the adult's teaching activities must be of a ive/social or communicative nature regardless of whether physical therapy activities lace. Practicing familiar skills or testing the child's knowledge may also be included hing behavior, even though they may be inappropriate to the child's needs. Ratings ount focus only on how much teaching occurred, not how good it was.

### ALITY of teaching behavior.

cus is on the spontaneity of the teaching behavior and the tendency of the adult to rate teaching into ordinary pleasurable activities. There are adults who "teach" ts by labeling appropriate and relevant behaviors of the child; they help the child learn hing at moments of heightened child interest.

en are not ready for directed teaching of a protracted nature until they are at least five ears of age. Adults who force very young children to participate in a tutorial type of g session would be rated low on this item.

### PROPRIATENESS of teaching behavior.

m relates to the kinds of activities the adult chooses to teach. What is important here, losely the task matches the developmental needs and capabilities of the child. Some nay insist on demonstrating or instructing the child in skills he has clearly already d, or instructing the child in skills which are far above his/ her developmental level. who engage in either of these teaching situations would receive a low score on this n the other hand. adults who integrate new and old skills into their teaching practice he child is encouraged to expand his knowledge to new dimensions would receive the score on this item.

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## 5. TEACHING BEHAVIOR

A. Amount of teaching behavior: For the purpose of teaching a particular skill *(Focus on the Amount and Time A spends teaching C, not frequency alone)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little to none *(If Amount = 1, Rate Not Observed on Quality and Appropriateness* |  | moderate; A occasionally teaches. A may introduce teaching activities but spends little time on each |  | almost always; A uses most of interactive time teaching C |

B. Quality of teaching behavior

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A subjects C to vigrous teaching, almost all is routinized. Non-flexible demands for learning |  | some teaching is spontaneous, off-the cuff, creative; some is routinized, drill-oriented, non-flexible |  | teaching is almost always spontaneous, originating from and addressed to C's activities. A creatively incorporates teaching into other activities |

____ *not observed*

C. Appropriateness of teaching behavior *(related to developmental capabilities and interests)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| teaching tasks do not match C's learning needs. A unmindful of C's developmental capabilities |  | A sometimes teaches tasks that are appropriate to C's developmental capabilities; about half the teaching |  | A encourages C to appropriate level of his/her developmental capabilities. A takes into account C's capabilities in choosing what to teach and how |

____ *not observed*

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## ONTROL OVER CHILD'S ACTIVITIES

### MOUNT of Control.

rol relates to the overall structure and organization of the child's activities. These kinds rge activities include the play activities the child or parent chooses. They may be ities they do together or ones the child will carry out on his/her own. This item is focused w much the adult organizes or directs these activities for the child.

mount category is non-judgmental. Very warm and loving adults can be laissez-faire ery permissive, providing almost no structure to the child's play. Other equally loving varm adults may organize the child's entire playtime, moving the child from activity to ity so that very little is left up to the child. The first adult described above would receive n the amount of structure and the second adult would receive a 5 on this item.

### UALITY of Control.

tem is focused on the fexibility of the adult in the organization of activities for the child. adults are very insistent on what the child is to do and how the child should do it; their nds do not vary much in terms of the child's reactions. Other adults are more flexible, sting, for example, a range of possibilities for the child's activity, not being rigid in their tations for the child's behaviors.

### PROPRIATENESS of Control.

tem refers to the relationship between the structure the adult provides and the child's pmental needs. Some children require more structuring; they have few independent which they can bring to bear on a situation. Caregivers of those children who respond hly structuring the child's day would score high on the appropriateness of structure.

are other adults who overstructure the child, who provide much more structure than ild needs. Those parents would receive a 1 as would parents who provide nothing when ild needs a great deal.

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## 6. CONTROL OVER CHILD'S ACTIVITIES

A. Amount of control over child's activities exerted by caregiver

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never organizes C's activities "Laissez-faire" - C on his/her own *(If Amount = 1, Rate Not Observed on Quality and Appropriateness)* | | A sometimes organizes C's activities; about half-the-time | | A almost always organizes C's activities; A almost always tells or shows C what activities to stop and start |

B. Quality of control: Intensity/flexibility

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A insistent upon structure of child's activities; rigid and very firm about what C is to do and when | | A sometimes insistent, demanding in organizing activities, but also somewhat flexible and will relent when C is not interested | | A very flexible in organizing activities; suggests, but not overly insistent; adapts demands according to reactions of C |

_____ *not observed*

C. Appropriateness of control *(Fit with child's developmental level)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A does much more controlling than is warranted for C's developmental level, OR A should do a great deal more controlling because of developmental level of C | | A does somewhat more controlling of C's activities than is warranted, occasionally over-controls OR A should do somewhat more structuring for the developmental level of C | | A almost always structures C's activities appropriately for C's developmental level. A anticipates needs and acts ahead of time. Expectations for amount of structure needed are appropriate to C's skills |

_____ *not observed*

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## DIRECTIVES: NUMBER OF DEMANDS/COMMANDS MADE OF CHILD VERBALLY OR PHYSICALLY

### MOUNT of directives.

cally this item is related to the number of imperatives of a physical or verbal nature :ted by the adult to the child. How involved is the adult in telling the child what to do :r positively or negatively? Some adults tell two-year-old children which color crayon to · with or which book to read first. Some caregivers of infants constantly physically or ally direct the child's behaviors even during "play." Specific directives are the focus of item. Physical imperatives involve the adult actually moving the child in some way in r to get him to do something *(e.g., turning the child's head so he/she will look at a toy).*

### UALITY of directives.

item relates to the intensity of the directives issued by the adult towards the child. If rectives were issued, the observer should mark "not observed". The scale ranges from forceful and abrupt *(a rating of 1)* to gentle directives *(a rating of 5);* neutral or mixed-ısity directives receive a rating of 3. Tone of voice is an important dimension in rating ity. Adults can phrase directives politely but in a forceful or harsh tone of voice. Voice is more important than content.

### PPROPRIATENESS of directives.

aking demands of the child, this item evaluates how appropriate they are to the devel-ntal and emotional needs of the child. Appropriateness here refers only to those ical and verbal directives which were specifically directed to the child.

good criterion for judging appropriateness is whether the child could accomplish what eing demanded. The caregiver who asks the child to name what he wants when he has ed the one-word stage is making appropriate demands of the child. A caregiver who a motorically impaired child to turn a page in a book may not be making an appropriate ınd. Another criterion is how insistent the adult was that the child do what was ınded. Repeated demands are most likely not taking the child's interest level into ınt.

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## 7. DIRECTIVES: NUMBER OF DEMANDS/COMMANDS MADE OF CHILD VERBALLY OR PHYSICALLY

**A. Amount of directives issued by caregiver: Commands for specific behavior**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never directs C's specific behaviors *(If Amount = 1, Rate Not Observed on Quality and Appropriateness)* | | A issues a moderate number of directives to C. No more than half A's verbal behavior | | A constantly directing C's behavior. Much of A's verbal behavior consists of commands |

**B. Quality of directives: Intensity**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very rough; A's directing statements are almost always very forceful and compelling | | moderate; A's directives are neutral or of mixed intensities, some forceful and some low-key | | very low; A's directives are almost always low-key and gentle, often phrased in the form of suggestions |

____ *not observed*

B

**C. Appropriateness of directives: Reasonableness of demands/commands**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A's demands are almost never reasonable for C's abilities and interest level | | A's demands occasionally are reasonable; about half-the-time | | A's demands are almost always reasonable and appropriate to C's abilities and interest level |

____ *not observed*

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## RELATIONSHIP AMONG ACTIVITIES IN WHICH CAREGIVER IS INVOLVED WITH CHILD

### MOUNT of activities.

der to judge the quality and appropriateness of the ways adults connect activities for
hild, it is necessary to rate how many activities the adult and child were involved in. Play
action is not being rated here for a second time. For this item, involvement of the adult
be merely observations of and comments on the child's activities. This item is focused
e involvement *(from active observation to actual play)* of the adult in activities of the
l. If the adult merely watched the child and never attempted to initiate changes in the
's activities, Amount should be scored a 1 and Quality and Appropriateness should not
ted.

### UALITY of relationship.

relates to the smoothness of transitions. In interacting with the child or structuring the
's activities, how smoothly does one activity flow into another? Does the time spent in
action seem to be an orderly whole or does it seem to be made up of many small unrelated
ties? Does it seem to flow in natural order or do activities appear contrived?

the time" on the scale refers to half the transitions observed. You can only evaluate the
itions witnessed during the visit. Your rating should be based on how many were
h. Remember that for those children able to choose their own activities, the adult would
e a higher score if he/she is able to verbally link the activities or expand on them in a
h and naturally-occurring fashion.

### PROPRIATENESS of relationship.

em relates to how the sequence of activities is related to the child's developmental level
terest level.

will frequently simplify an activity to capture a child's interest and then gradually
it more difficult. They may be especially alert to the child's boredom level, changing
ivity gradually into something new when the child appears to lose interest in the initial
y. A good example is the adult who is reading *Pat the Bunny* to the child and who uses
ok as a takeoff to play Peek-A-Boo with the child. Or an adult who has the child stack
gs on the stick and then moves to having him put them on her fingers. Both of these
ches would rate a 5, whereas an adult who consistently sequences activities which are
resting, too difficult or too easy for the child would rate a lower score.

hild who basically chooses or sequences his/her own activities, the caregiver may add
omment in some way to link activities logically. If the adult does not, he/she would
a lower rating.

em relates to the transitions the observer has witnessed and their appropriateness for
ld's ability and interest.

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## 8. RELATIONSHIP AMONG ACTIVITIES IN WHICH CAREGIVER WAS INVOLVED WITH CHILDREN

### A. Amount of activities in which caregiver was involved

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| almost no activities observed in which A was involved or which A helped initiate. Almost none of A's time in activities with children. *(If Amount =1, Rate Not Observed on Quality and Appropriateness)* |  | equal balance between activities in which A was and was not involved with C. About half of A's time spent in activities with children |  | most activities involved A; a large number of activities occurred whether with one toy or many. Almost all A's time spent in activities with children |

### B. Quality of relationship among activities: Sequencing and synchrony

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A's sequencing of activities and tasks within activities lacks smoothness and fluidity; activities seem to begin and end rather than flow. A and C seldom ready to end activity at same time. A often leaves activities or shifts attention abruptly. |  | moderate fluidity and smoothness of sequencing between activities and tasks; about half-the-activities. A and C sometimes are synchronous on beginning and ending activities. A sometimes leaves activities or shifts attention abruptly. |  | A almost always sequences activities and tasks so there is smooth continuity among related activities. A elaborates on C's activities in natural order. A almost never leaves activities or shifts attention abruptly |

______ *not observed*

### C. Appropriateness of relationship among activities

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never sequences activities from simple to complex, or introduces change to maintain C's interest; activities seem unrelated and confusing |  | sometimes A sequences activities, for example, from simple to complex, or introduces change; about half-the-activities |  | A almost always sequences activities appropriately, for example, from simple to complex, or introduces change to maintain C's interest |

______ *not observed*

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## POSITIVE STATEMENTS

### AMOUNT of positive statements

ount of positive statements refers to the number of positive overtures or responses the ılt made to the child. They may be of a verbal or non-verbal nature. This item includes ising statements *("What a big boy!", "Good for you!")*, positive feedback *("That's right!", :tty...")*, hugs, smiles, or laughs. It does not include comforting the child. This is captured ler the summary statements.

ıere is a very low frequency of interaction in general between adult or child, but there is gh level of positive emotion, then the adult should receive a score of 4.

### QUALITY of positive statements

; item refers to the intensity of positive emotion observed. It is independent of amount. ıther words, of the times the adult responded positively, how intense were these onses? An adult who varies his/her expression of positive emotion to fit the needs of the l would receive a high score on this item. An adult who repeatedly hugs or kisses the child ı intrusive manner, would receive a low score on this item.

ı positive emotion was observed then this item should be marked not observed.

### ıPPROPRIATENESS of positive statements

item refers to the timing of the adult's expression of positive emotion. It is independ-f the amount of positive emotion expressed. Many adults may initiate affection with the as a gap-filler in the interaction session. This affection may actually develop into a : between caregiver and child. While this is viewed as a positive interaction, it is seen ın-contingent when the adult initiated affection which interrupts the child's activity, or ered positive reinforcement directly following punishment, thus confusing the child. of these behaviors would be scored lower on appropriateness. This item rates the ionship between the caregiver's positive statements and the child's behavior.

instances of positive emotion were observed then mark not observed.

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## 9. POSITIVE STATEMENTS

A. Amount of expressed positive verbal statements, and non-verbal signs of positive regard *(Praise, hugs, smiles)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little to none; A almost never expresses positive emotion *(If Amount = 1, Rate Not Observed on Quality and Appropriateness)* | | moderate; A expresses positive emotion in moderate amounts *(about 25% of A's verbal behavior and initiations)* | | very much: A expresses positive emotion very frequently *(more than 50% of A's verbal behavior and non-verbal initiations)* |

B. Quality of expressed positive statements: Intensity

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| withdrawn, detached, positive statements made with negative voice, OR extremely overwhelming | | moderate intensity; sometimes detached OR intrusive; sometimes high quality | | loving, warm; variations in quality dependent on child behaviors; always high quality |

____ *not observed*

C. Appropriateness of positive statements: Timing

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A expresses positive emotion at inappropriate times, non-contingently, or inappropriate excess | | sometimes inappropriate, sometimes appropriate reactions to C's activities | | positive emotion; almost always appropriately timed to behavior |

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____ *not observed*

## NEGATIVE STATEMENTS/DISCIPLINE

**MOUNT of negative statements.**

ative emotion refers to the number of negative overtures or responses the adult made to hild. These may include sarcasm, hits, threats, irritability, criticism, or sharpness. recting statements are also included—these involve the caregiver's attempts to stop thing the child is doing by directing his/her attention to something else.

re is a low frequency of interaction between adult and child, but there is a high level of tive emotion, then the adult should receive a score of 4.

**UALITY of negative statements.**

item refers to the intensity of negative emotion expressed by the adult. This rating ld be made independent of amount. That is, of the times the adult responded negatively, intense were they?

lult who uses gentle "no's" or "don'ts" and then redirects his/ her child's behavior in order sen the child's opportunity for eliciting further negative emotion would receive a high on this item. In contrast, an adult who uses a sharp tone of voice or is unduly impatient d receive a low score on this item.

**PPROPRIATENESS of negative statements.**

tem refers to the adult's timing of negative emotion and to the ability of the child to nd correctively to the discipline provided. It is independent of the amount of expressed ive emotion. Instead it refers to the instances negative emotion was expressed.

adult responded contingently *(e.g., says "No!" immediately when the child puts a toy is mouth)*, but the expectation that the child keep the toy out of his mouth is ropriate *(e.g.,.a young baby)* then rate the caregiver lower on appropriateness. By the token, if the mother says "No!" or curbs the child's behavior in order to elicit his/her ion to the adult's activity then this is inappropriate timing and should receive a lower .

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## 10. NEGATIVE STATEMENTS/DISCIPLINE

A. Amount of expressed negative statements and non-verbal *(includes discipline, redirecting statements, criticism, threats, hits, impatience)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little to none; A almost never makes negative statements *(If Amout = 1, Rate Not Observed on Quality and Appropriateness)* | | moderate; A expresses negative statements no more than 10% of the time | | very much; A expresses negative emotion very frequently, more than 25% of her/his verbal behaviors and non-verbal initiations |

B. Quality of expressed negative statements: Intensity

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| intensely negative; A uses physical punishment too intensely, severely harsh tone of voice | | moderate intensity; A occasionally uses harsh tone of voice; sometimes A seems impatient, sharp | | A uses negative emotion with appropriate intensity; may frequently use reasoning to control behaviors. Redirects C's attention |

_____ *not observed*

C. Appropriateness of negative statements: Timing

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A expresses negative emotion not related to C's activities, or with inappropriate excess | | sometimes inappropriate, sometimes appropriate reactions to C's activities. A relies on verbal control of C's behavior after the fact, seldom redirects in advance | | negative emotion almost always appropriately timed to C's behavior |

_____ *not observed*

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## GOAL SETTING

Behavioral expectations [illegible]

**MOUNT of caregiver goal setting behavior.**

setting refers to the degree to which the adult indicates expectations for the child's vior. There are adults who basically accept any behavior on the part of the child as being Other adults continually communicate expectations for the child's behavior. They may de information on how the child is to behave with strangers, how he is to behave at the and how he is to carry out activities.

: are many types of adults with different levels of expectation. One type of adult remains from and uninvolved with the child in an inappropriate way. He/she may sit the child adjoining room and insist that the child play alone for an unreasonable length of time. ı the child violates this demand, the adult may insist that he/she does what was sted. This caregiver would be rated moderately high on goal setting.

· adults would receive high ratings due to their continual and obvious attempts to ıl the child and tell the child what to do. The contrast between these adults is more in goals are expected of the children, and not as much in the amount of goal setting.

ly, there are adults who are very responsive to their children but who basically never als for them. They appear to be allowing the child to guide the interactions. Or they et goals and then retract them. These adults would be rated low on Amount of Goal ıg.

**JALITY of goal setting.**

tem refers to how much the adult does to enable the child to be successful at the goals the adult. Regardless of how reasonable the goals are, one can separately evaulate ıer the adult provides a mechanism for the child to complete the goal to do what was ted.

nay be evidenced when the adult physically assists the child in placing the ring on a ng pole, although the activity in itself may be too advanced for the child's developmen- el. Conversely, if this adult communicated such a goal to this particular child without ing him to complete the activity or wthout carrying through the goal to completion, then : would receive a lower score.

**'PROPRIATENESS of goal setting.**

; an area in which one can make a judgment about how reasonable the adult expecta- ınd challenges are for the child's developmental and emotional level. Is what is being of the child an appropriate kind of behavior?

ımple may be the adult who crowds toys then leaves the child alone when the child can e few behaviors *(rating of 1)* versus an adult who allows the child to pursue interests, ts goals so they are challenging to the developmental level of the child *(rating of 5).*

e is a low frequency of interaction then the highest score should be 4. If challenges are *ı (e.g. baby who is only expected to "look" at toys, but who could do more if facilitated ɔ)* then the ratings should be lower. Likewise, if the expectation or goal is for a young ɔ not mouth toys, then the goal is inappropriate and should receive a lower score.

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## 11. GOAL SETTING

A. Amount of caregiver goal setting behavior: Degree to which adult verbally or non-verbally communicates expectations for C's behavior *(Goal setting implies follow through, indicating A expected certain behavior of C)*

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| none; A never communicates goals for C *(If Amout = 1, Rate Not Observed on Quality and Appropriateness)* | | moderate; A occasionally communicates goals for C; half the time spent pursuing specific goals for C's behavior, sometimes follows through | | very frequently; A almost continually communicates goals for C, follows through in demands to get C to fulfill goal. |

B. Quality of goal setting: Adult's overall flexibility, ability to adjust self, environment, or child so that C will meet success at an activity

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never adjusts demands, environment, toys to aid C's success at attaining goals A has communicated | | A sometimes is flexible, occasionally adjusts environment so C can be successful at achieving goals | | A almost always adjusts to aid C's success |

____ *not observed*

C. Appropriateness of goal setting: Reasonableness of adult's expectations for C's behavior

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never sets attainable, reasonable challenges for C; A unmindful of C's ability level | | sometimes A's challenges are attainable; about half the time | | A's challenges are almost always moderate, attainable, and appropriate to C's capabilities |

____ *not observed*

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# GENERAL IMPRESSION OF CAREGIVER INVOLVEMENT WITH CHILD

## VAILABILITY of caregiver to child.

n overall fashion, how accessible is this adult to this child? And moreover, how much of involvement is based on being responsive to the child's expressed needs? How much will adult alter his/her own agenda to follow whatever cues are provided by the child? An t who is intensely interactive with the child but never responsive is not really an ssible adult. That is, the adult wll not change her behaviors in response to the child's.

## ENERAL ACCEPTANCE AND APPROVAL manifested by caregiver.

one can give the adult a global rating for how much the adult seems to accept the child or she is. How much is the child receiving approval from the caregiver? If the adult es the child for an entire observation, score 1 on acceptance.

## ENERAL ATMOSPHERE of caregiver involvement with child.

iony is the key word here. Here the observer has the chance to make a general rating synchrony between adult and child or how much they seem to be in tune with each . Neutral and low-key adults who have neutral and low key children can score high here they might not have scored high on some other items in the scale.

## NJOYMENT.

tem relates to those very pleasurable periods sometimes observed between caregivers ildren in which each seems to be delighted with the other. Does the adult enjoy being he child and does the adult communicate that to the child?

## OVISION OF A LEARNING ENVIRONMENT.

em relates to how well the adult has established the whole environment to support and ite learning by the child.

ver behaviors which would indicate a low score on this item include having toys and placed out of the child's reach or out of the child's visual field. Conversely having so toys and games and visual stimuli surrounding the child that the child cannot focus one thing would also lower the rating on this item. An adult who captures the on of his/her child to the activity at hand by reducing other distractors *(e.g., clearing ea of toys not being used)* could receive a high score on this item.

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## 12. GENERAL IMPRESSION OF CAREGIVER CHILD INTERACTION

A. Availability of A to C: Degree to which C has access to A's attention and Involvement

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A appears oblivious, preoccupied, inaccessible to C | | A appears accessible to C if needed; moderately responsive to C; C receives equal attention to that given other activities. | | A appears intensely involved, continually responsive; time seems to revolve around C and his/her activity |

B. General acceptance and approval manifested by A: Extent to which A seems to like C

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very low approval and acceptance; A is definitely rejecting, disapproving of C OR A is indifferent | | moderate approval and acceptance; about half the time | | very high, A exhibits much approval and acceptance |

C. General atmosphere of caregiver child interaction

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very much discord and conflict, OR indifference | | sometimes the atmosphere is positive; about half the time | | very harmonious, agreeable, friendly, peaceful, not one unhappy episode |

(Continued on Page 29)

## GENERAL IMPRESSION OF CAREGIVER CHILD INTERACTION *(Continued)*

Enjoyment

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| A never seems to take pleasure in C; A is either not involved or merely accepting | | sometimes A seems to enjoy, take delight in and find happiness in being with C; about half the time OR A is neutral | | A takes delight in C; A's enjoyment is obvious and continual |

's provision of a learning environment: That is, the provision of time, space, ttention and adaption that supports C's optimum concentration on single ask

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| oor or non-existent toys anged interruptively or ot at all, or else learning ace crowded with toys. unmindful of adjusting sk to level of moderate allenge | | moderate to good; times between A & C highlighted by occasional moments of synchronized absorption in learning; about half the time | | excellent; A engaged in support of successful learning environment for entire session/visit |

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PARENT/CAREGIVER INVOLVEMENT SCALE *(Farran, Kasari, Comfort, and Jay, 1986)*

Caregiver's Name/ID________________________ Today's Date ___/___/
MO Day

Child's Name/ID________________________

This scale is designed to assess the behavior of a caregiver during play interactions with her child in home or laboratory settings. Play interactions should be observed for 2 minutes before scoring. Each item has behavioral descriptors at odd intervals along 5-point scale. Please read the descriptors and the conventions in the manual for each i then write the number that best describes the observed caregiver behavior. If a behavi item is not observed, please score 1 for Amount and NA for Quality and Appropriaten

| | Amount | Quality | Appropriaten |
|---|---|---|---|
| A. Physical Involvement | ___ | ___ | ___ |
| B. Verbal Involvement | ___ | ___ | ___ |
| C. Responsiveness of Caregiver to Child | ___ | ___ | ___ |
| D. Play Interaction | ___ | ___ | ___ |
| E. Teaching Behavior | ___ | ___ | ___ |
| F. Control of Activities | ___ | ___ | ___ |
| G. Directives, Demands | ___ | ___ | ___ |
| H. Relationship among Activities | ___ | ___ | ___ |
| I. Positive Statements, Regard | ___ | ___ | ___ |
| J. Negative Statements, Regard | ___ | ___ | ___ |
| K. Goal Setting | ___ | ___ | ___ |
| A Q A Subscale Totals: | ___ | ___ | ___ |
| A Q A MEANS | ☐ | ☐ | ☐ |

L. Impression of Parent-Child Interaction:

| Availability | Acceptance | Atmosphere | Enjoyment | Learning Environm |
|---|---|---|---|---|
| ___ | ___ | | ___ | ___ |

Impression Total ______ IMPRESSION MEAN ☐

## P/CIS CHECKLIST

Subject ______________________

### 1. PHYSICAL

| | | |
|---|---|---|
| AMT: | Active touching ______ | Passive Support ______ |
| QUAL: | Gentle, sensitive handling ______ | Abrupt, rough handling ______ |
| APP: | Positioning good ______ | Positioning poor ______ |

### 2. VERBAL

| | | |
|---|---|---|
| AMT: | Frequency *(or occurrence)* ______ | |
| QUAL: | Adjusts for comprehension ______ | Too fast ______ |
| | | Babyish ______ |
| APP: | Comment child's behavior ______ | Directives, other talking ______ |
| | Comment adult relative to child ______ | |

### 3. RESPONSIVENESS

| | | |
|---|---|---|
| AMT: | Follows cues ______ | Misses cues ______ |
| QUAL: | Positive, gentle ______ | Abrupt, harsh, intense ______ |
| APP: | Synchronous timing ______ | Timing too quick/slow ______ |

### 4. PLAY

| | | |
|---|---|---|
| AMT: | Mutual play ______ | Non-mutual play ______ |
| QUAL: | Warmth, enthusiasm ______ | Routinized, detached, impatient ______ |
| APP: | Adapts toys to child ______ | Conventional use of toys ______ |

### 5. TEACHING

| | | |
|---|---|---|
| AMT: | Frequency, long duration ______ | Frequency, short duration ______ |
| QUAL: | Spontaneous, novel, flexible ______ | Conventional, routinized ______ |
| APP: | Developmentally appropriate ______ | Developmentally inapprop. ______ |

### 6. CONTROL ACTIVITIES

| | | |
|---|---|---|
| AMT: | Initiates play ______ | Laissez-faire ______ |
| QUAL: | Suggestions, flexible ______ | Insistent, rigid ______ |
| APP: | Supportive, guiding ______ | Domineering ______ |
| | Developmentally approp. ______ | Inappropriate ______ |

### 7. DIRECTIVES, DEMANDS

| | | |
|---|---|---|
| AMT: | Frequency, verbal directives ______ | |
| | Frequency, non-verbal directives ______ | |
| QUAL: | Gentle suggestions ______ | Forceful demands ______ |
| APP: | Reasonable, sensitive ______ | Unreasonable, insensitive ______ |

### 8. RELATIONSHIP AMONG ACTIVITIES BEGUN BY ADULT

| | | |
|---|---|---|
| AMT: | Frequency, long duration ______ | Frequency, short duration ______ |
| QUAL: | Smooth, fluid shifts ______ | Abrupt, shifts ______ |
| APP: | Simple to complex ______ | Disjointed, abrupt, illogical ______ |

### 9. POSITIVE STATEMENTS, REGARD

| | | |
|---|---|---|
| AMT: | Frequency of verbal ______ | |
| | Frequency of nonverbal ______ | |
| QUAL: | Gentle, warm, varied ______ | Overwhelming, withdrawn, singsong ______ |
| APP: | Contingent, good timing ______ | Noncontingent ______ |

(Continued on Page 31)

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## P/CIS CHECKLIST *(Continued)*

### 10. NEGATIVE STATEMENTS, REGARD

| | | |
|---|---|---|
| AMT: | Frequency of verbal ____ | |
| | Frequency of nonverbal ____ | |
| QUAL: | Gentle, warm, varied ____ | Overwhelming, withdrawn, singsong ____ |
| APP: | Contingent, good timing ____ | Noncontingent ____ |
| | Redirecting, reasoning ____ | Harsh, intense ____ |

### 11. GOAL SETTING

| | | |
|---|---|---|
| AMT: | Frequency, verbal ____ | Frequency, non-verbal ____ |
| QUAL: | Flexible, adjusts for success ____ | Inflexible, hampers success ____ |
| APP: | Reasonable challenges ____ | Unreasonable challenges ____ |

### 12. OVERALL

| | | |
|---|---|---|
| AVAILABILITY: | Available, involved ____ | Unavailable, uninvolved ____ |
| ACCEPTANCE: | Approving, accepting ____ | Disapproving, rejecting ____ |
| ATMOSPHERE: | Harmonious, friendly ____ | Conflict, discord ____ |
| ENJOYMENT: | Enjoys, delights in child ____ | No pleasure from child ____ |
| LEARNING: | Clears toys, facilitates learning ____ | Crowded space, interruptive ____ |

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# APPENDIX D

## Social Competence Curriculum Project
## Notebook Contents

**NAME:**______________________________

| | | |
|---|---|---|
| **Front Pocket:** | Directions | |
| **Data Collection Procedures:** | Procedures Checklist | |
| **Program Information:** | Visit Log | Y |
| | Program Contact Sheet | 24 |
| | Program Consent Form | 24 |
| | Video Releases | Y - updated? |
| **Supplemental Information:** | Play Profile: | 24P 24T |
| | Family Interview | 24 |
| | Parent Consent Form | 24 |
| | APR: | 24 30 36 42 |

---

***CHILD STATUS:***

| | | | | |
|---|---|---|---|---|
| Child Intervention History | 24 | 30 | 36 | 42 |
| Battelle Developmental Inventory | 24 | 30 | 36 | 42 |
| Social Network Questionnaire | 24 | 30 | 36 | 42 |
| Social Status Questionnaire | 24 | 30 | 36 | 42 |
| Child Behavior Checklist | 24 | 30 | 36 | 42 |
| PCIS (from videotape) | 24 | 30 | 36 | 42 |
| Parent Friendship Survey | 24 | 30 | 36 | 42 |
| Teacher Friendship Survey | 24 | 30 | 36 | 42 |

***FAMILY STATUS:***

| | | | | |
|---|---|---|---|---|
| Demographic Information | 24 | 30 | 36 | 42 |
| Family Support Scale | 24 | 30 | 36 | 42 |
| Personal Network Matrix | 24 | 30 | 36 | 42 |
| Parenting Stress Index | 24 | 30 | 36 | 42 |
| Parent Satisfaction | | 30 | 36 | 42 |

***PROGRAM STATUS:***

| | | | | |
|---|---|---|---|---|
| Classroom Profile | 24 | 30 | 36 | 42 |
| Activity Log | 24 | 30 | 36 | 42 |
| Support Services | 24 | 30 | 36 | 42 |
| IFSP/IEP Coding Form | 24 | 30 | 36 | 42 |
| ITERS/ECERS/Family Daycare | 24 | 30 | 36 | 42 |
| Social Competence Strategy Form | 24 | 30 | 36 | 42 |
| Teacher Satisfaction | | 30 | 36 | 42 |

# APPENDIX E

# The Play Tools for Toddlers

# Curriculum Overview

**The Social Competence Curriculum Project**
**Division of Child and Family Studies**
**Department of Pediatrics**
**UConn Health Center**
**Farmington, CT**

## WHAT IS SOCIAL COMPETENCE?

Social competence is a child's ability to successfully and appropriately select and carry out their interpersonal goals (Guralnick, 1990, p.4).

## WHO IS THE CURRICULUM FOR?

The Play Tools for Toddlers Curriculum was designed for toddlers (18 months to 3 years of age) with special needs who are receiving early intervention services in natural environments such as integrated early childhood settings, community play groups, and home environments.

## WHAT IS THE FOCUS OF THE CURRICULUM?

The curriculum focuses on the facilitation of social interactions between children during ongoing daily routines and activities through environmental arrangements, activity planning, and adult intervention.

## HOW IS THE CURRICULUM ORGANIZED?

The Play Tools for Toddlers Curriculum is divided into three sections:

| | |
|---|---|
| ✦ Module One: | Assessment |
| ✦ Module Two: | Program Planning |
| ✦ Module Three: | Implementation |

## WHAT SKILLS CAN BE TAUGHT USING THE CURRICULUM?

**Section I** of the curriculum focuses on early interaction skills, such as playing with toys, simple interactions with other children, and the understanding of social rules.

**Section II** of the curriculum focuses on the child's ability to apply the skills in Section I within three major social tasks:

- Peer group entry
- Conflict resolution
- Maintaining play

## WHAT IS THE CURRICULUM BASED ON?

The curriculum is based on the hierarchical model of social competence development developed by Dr. Michael Guralnick. The model assumes that for children to develop friendships and be socially competent they must learn and utilize three important social tasks: peer group entry, conflict resolution, and maintaining play.

## HOW IS THE CURRICULUM STRUCTURED?

The curriculum was developed using a behavioral format. Using a behavioral format allows the adults involved with the child to perform an action, observe the child's response, and then if needed, modify their action based on the child's response to help the child achieve their identified goal. This format is extremely useful when teaching complex tasks because it allows the tasks to be broken down into small, teachable steps. The terms used to describe a behavioral format include, antecedent, behavior, consequence, and alternative consequence. The following information provides definitions and examples of these terms.

**Antecedent:** Anything that happens before a particular event or behavior. Antecedents can occur naturally in an environment or they can be events or interventions initiated by adults or children that may increase the likelihood that a child will perform a certain behavior.

**Behavior:** Behavior refers to the measurable and observable activities of the child.

**Consequence:** A consequence is an event that follows a certain behavior.

**Alternative Consequence:** Alternative consequences are interventions that may be used if the original antecedent was not successful.

## WHERE CAN THE CURRICULUM BE USED?

The curriculum format may sound very formal but it really fits easily into what happens every day in early childhood programs. On page 4 you will find an example of a curriculum target skill and how strategies can be implemented within the context of daily activities.

## CURRICULUM STRUCTURE

An example using a naturally occurring antecedent.

| | |
|---|---|
| Antecedent | It is free play time at the daycare. A group of children begin to play with toy cars. |
| Behavior | The child walks over to the group, stands near the children and watches them play. |
| Consequence | The other children do not acknowledge the child's interest in the group and continue to play. |
| Alternative Consequence | An adult notices the situation and tells the child to get a toy car and join the other children in play. |
| Behavior | The child gets a toy car and joins the other children in play. |

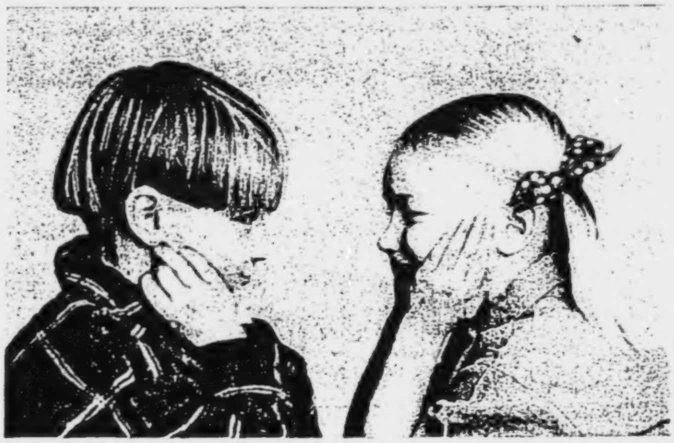
An example using an adult directed antecedent. The scene is the same, a group of children are playing with toy cars and a child is watching from a distance.

| | |
|---|---|
| Antecedent | The adult approaches the group and models the behavior of getting a toy car and playing with it. |
| Behavior | The child walks over to the group, stands near the children and watches them play. |
| Consequence | The other children do not acknowledge the child's interest in the group and continue to play. |
| Alternative Consequence | The adult instructs a peer to invite the child to play by handing them a toy car and saying, "Want to play with us?" |
| Behavior | The child takes the toy car and joins the other children in play. |

## IS THE CURRICULUM "FAMILY-FRIENDLY"?

The curriculum is firmly rooted in the principles of family-centered care. Family-centered care is a philosophy of care that recognizes that every child is part of a family. This philosophy respects the central role the family plays in the child's life. Dunst and Trivette (1987, 1988, 1989) suggest that the following beliefs and behaviors are essential for professionals to maintain a family-centered focus:

1. A positive and proactive stance towards families.
2. Belief in the families' responsibility for solving problems and meeting their own needs.
3. Belief that all families have the capacity to understand, learn, and manage events in their lives.
4. Ability to build on family strengths, not to try to "fix" deficits.
5. Ability to work with families in a proactive, anticipatory fashion (rather than waiting for things to go wrong before intervening).
6. Ability to teach families the competencies they need to better negotiate their family's developmental course.
7. Ability to help families identify and prioritize their needs as *they* see them.
8. Ability to get active family participation as part of mobilizing resources.
9. Ability to use partnerships and parent-professional collaboration as the foundation for enhancing family strengths.
10. Ability to provide families with the information essential to make informed decisions.
11. Ability to accept and support decisions made by families.



## IS THE CURRICULUM DEVELOPMENTALLY APPROPRIATE?

Developmentally appropriate programs are designed to meet the needs of individual children. The two components of developmental appropriateness: age appropriateness and individual appropriateness are fundamental to The Play Tools for Toddlers Curriculum. The following are some developmentally appropriate guidelines that were used in the development of this curriculum:

1. Although the curriculum focuses on the area of social competence, all skill areas are addressed through an integrated approach in planning for each individual child.
2. Curriculum outcomes and objectives should be taught in natural environments: the home, day care, play group and within the routines and activities already occurring in the child's program.
3. Curriculum planning should be based on the observations of those directly involved with the child (e.g., family, early intervention personnel).
4. Curriculum planning should emphasize learning as an interactive process.
5. Curriculum planning should provide a wide range of interests, abilities, activities, and materials to increase the complexity and challenges for toddlers as they master the skills targeted in their outcomes and objectives.

# MODULE ONE: ASSESSMENT

## WHAT ASSESSMENTS ARE USED IN THE CURRICULUM?

Before implementing The Play Tools for Toddlers Curriculum, a thorough assessment of the child's current social skills is necessary. This is done using two measurement tools:

1) **The Assessment of Peer Relations (APR):** The purpose of the APR is to organize observations of children in free play to identify the skills they currently have and those that they need to learn. The APR uses a developmental approach to help assess a child's social skills. It is based on the belief that children need to master certain fundamental social tasks before they can learn more complex social tasks. The APR is divided into three sections. Section I identifies a child's foundational social skills. It is used to observe and record the child's current level of social development. Section II looks at the child's strategies for pursuing more complex social tasks, such as joining other children at play, or resolving conflicts with other children. Section III explores the complex foundational processes that may effect a child's social development.
2) **The Play Profile:** The Play Profile is an assessment tool that can be completed by both parents and professionals to summarize a child's overall strengths and preferences. It consists of a series of questions that can help parents and early interventionists develop specific interventions that can enhance a child's social development.

Other developmentally appropriate assessments are used as needed.

# MODULE TWO: INTERVENTION PLANNING

## HOW ARE INTERVENTIONS PLANNED?

The challenge of planning any intervention program is in synthesizing the vast array of information gathered from various assessments, interviews, and observations. **The Intervention Planning Form** can help bridge the gap between assessment and intervention. This process provides the team with a systematic way of summarizing assessment information from the APR, The Play Profile, and other developmentally appropriate assessment sources.

## HOW ARE APPROPRIATE OUTCOMES AND OBJECTIVES DETERMINED?

Using **The Intervention Planning Form** will result in the identification of priority outcomes and objectives for children and their families. The next step is for parents, early interventionists, and other professionals to meet to develop appropriate social competence intervention outcomes and objectives for the IFSP. These outcomes and objectives should be clearly written to meet legal requirements and to be understandable to all team members, including the family. Although this curriculum focuses on social competence, it is also understood that the development of any good intervention program must be functional and integrate all developmental areas across settings.

**Long term outcomes** are generally broad in scope and address outcomes that set the direction for intervention over the course of several months to a year. However, they are typically **not** specific enough for short term planning so they are broken down into short term objectives.

**Short term objectives** are often determined by identifying the skills that are necessary to reach the long term outcome. They should be clearly stated and contain the following three components:

1. Behavior the child is expected to perform.
2. Conditions under which the behavior is expected to occur.
3. Criteria for achievement.

**Examples:**

*Emily will initiate at least one verbal request to join another child in an ongoing activity during free play period over three days with two different children.*

*Emily will engage in play with one or more children for a minimum of five minutes on three consecutive days.*

## HOW ARE THESE OUTCOMES AND OBJECTIVES IMPLEMENTED AT HOME AND AT THE CHILD'S DAY PROGRAM?

**The Outcomes-Activity Matrix** is used to pinpoint when identified outcomes and objectives can best be taught throughout a child's typical day. By completing a separate matrix for home and the child's day program, outcomes and objectives can be incorporated into both home and day program routines.

## WHAT TYPES OF STRATEGIES ARE CONTAINED IN THE CURRICULUM?

In addition to actually identifying and teaching targeted social skills, The Play Tools for Toddlers Curriculum contains ideas and suggestions for the following:

- The physical environment
- Routines and activities
- Materials
- Teaching procedures

## WHAT IF A CHILD NEEDS ADAPTATIONS TO THE CURRICULUM?

Given the wide array of special needs children may have, even the most well planned activities may require adaptations. The Play Tools for Toddlers Curriculum provides suggestions for adaptations for children with communication delays, visual and hearing impairments, behavioral challenges, physical challenges, and cognitive delays. General suggestions for each of these areas are provided in The Play Tools for Toddlers Curriculum's Intervention Manual. Additionally, specific suggestions for adaptations are provided throughout the curriculum for each target skill.

# MODULE THREE: INTERVENTION

## ONCE THE CURRICULUM HAS BEEN IMPLEMENTED, HOW IS PROGRESS MONITORED?

Data collection is an important component of any early intervention program. By collecting and analyzing data, parents and professionals can determine whether a child is learning and making progress. Data collection provides an ongoing opportunity for parents and early interventionists to evaluate their efforts. Without ongoing data collection it is impossible for parents and early interventionists to gain a clear indication of a child's performance on a particular objective.

**The Data Collection Form** can be used to collect data for each child-specific objective. In addition to serving as a data collection instrument, this form can also be used as an individualized instructional program. Recording the child-specific antecedents, behaviors, consequences, and alternative consequences for each objective will ensure that all persons working with the child will be familiar with the individualized instructional strategies for each objective. Although this may seem time intensive, it will ensure thorough instructional and data collection procedures for each objective.

## HOW DO I KEEP TRACK OF THE CHILD'S PROGRESS?

Project staff will develop two individualized Curriculum Handbooks for each child: one for use by the early childhood professional in the child's day program and one for use by the family in the child's home. These Curriculum Handbooks will contain all of the information necessary to implement the child's individualized social competence program.

## WHAT IF I HAVE QUESTIONS OR NEED MORE INFORMATION ABOUT THE CHILD'S SOCIAL COMPETENCE PROGRAM?

Project staff are scheduled to visit participating children in their day program on a weekly visit for the first month of the child's program. After the initial month, project staff will visit the day program every other week. These visits can be opportunities for problem solving, technical assistance, assistance with data collection, or celebrations! Home visits will also be scheduled as needed. It is anticipated that meetings attended by day care personnel, early interventionists, family members, and project staff will occur on a monthly basis. Finally, project staff are always available to answer your telephone calls. If you ever have any questions, please feel free to call Anne Marie Davidson, The Social Competence Curriculum Project Coordinator at (860) 679-1568 or ____________________ at ________________________.

# APPENDIX F

# The Play Tools for Toddlers

# Curriculum Handbook

**For:**

______________________________

## Important Information

Child's Name: ____________________ D.O.B.: ____________________
Parent(s): ____________________ Phone Number: (   ) ____________
Day Program Contact(s):
____________________ Phone Number: (   ) ____________
____________________ Phone Number: (   ) ____________
EI Contact: ____________________ Phone Number: (   ) ____________
Project Staff Contact: ____________________ Phone Number: (860) 679- ____________

## Introduction

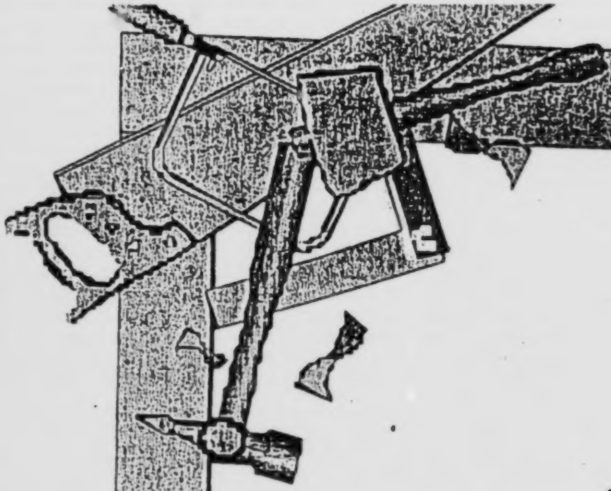
The early childhood years are important for toddlers as they learn how to play and interact with other children. It is a time when young children move beyond relationships with their family and other adults and develop friendships with other children. These early interactions with other children are important in the development of a child's social competence. Social competence is defined as a child's ability to successfully and appropriately interaction with other children.

This individualized **Curriculum Handbook** was developed to help ______________ learn to play and interact with other children. It was developed based on information gathered from family members, service providers, the Social Competence Curriculum Project Staff and other important assessment information.

A plan, no matter how well developed, is only as good at the people who work together to carry it out. The key players in the implementation of this plan are listed above. Please feel free to call the project staff member listed above if you have any questions or concerns about carrying out the interventions in this handbook. Also, please feel free to call and share your frustrations or celebrations!

You will find the following information in this **Curriculum Handbook**:

✓ Summary of Assessment Results
✓ Outcomes and Objectives
✓ Teaching Procedures
✓ Individualized Data Collection Forms
✓ Meeting Notes Forms



# Summary of Assessment Results

# Intervention Planning Form

Child's Name: Date: Date of Birth:
Person(s) Completing Form:

Areas of Social Competency (APR Section I)

| | Involvement | Initiations | Shared Understanding |
|---|---|---|---|
| **Strengths** | | | |
| **Concerns** | | | |
| **Communication Mode** | | | |
| **Mobility Skills** | | | |
| **Curriculum Goals?** | | | |
| **Materials/ Strategies/ Adaptations** | | | |

# Intervention Planning Form

Areas of Social Competency (Section II)

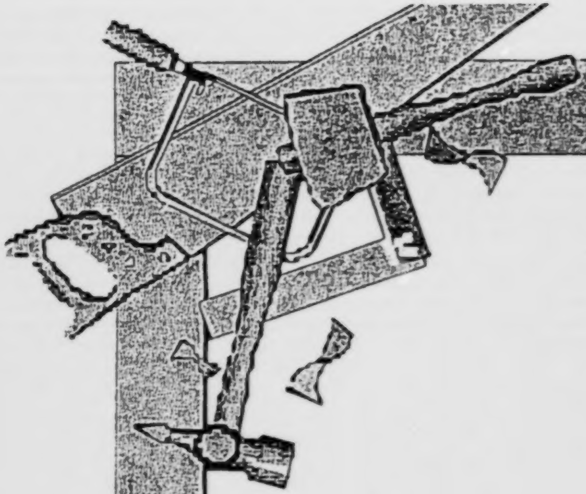
| | Peer Group Entry | Conflict Resolution | Maintaining Play |
|---|---|---|---|
| **Strengths** | | | |
| **Concerns** | | | |
| **Communica-ion Mode** | | | |
| **Mobility Skills** | | | |
| **Curriculum Goals?** | | | |
| **Materials/ Strategies/ Adaptations** | | | |

# The Play Tools For Toddlers
# Activities-Outcomes Matrix

Child's Name: Date of Birth: Date:

**Daily Activities**

| **IFSP Outcomes** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



# Outcomes and Short-Term Objectives

# Play Tools for Toddlers
# Outcomes & Short Term Objectives

Child's Name: Date of Birth: Date:

**Outcome:**

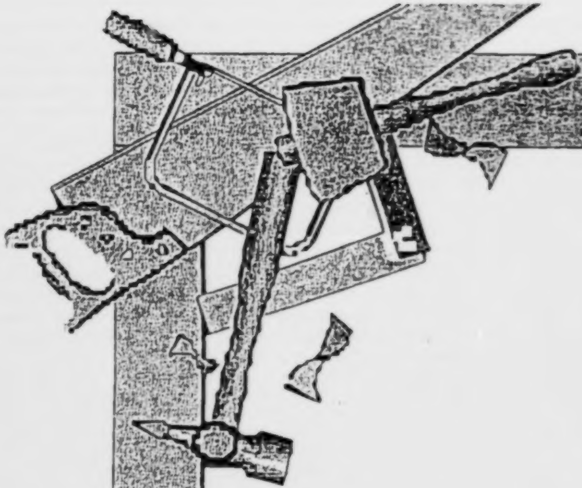
**Short-Term Objective(s):**
( )
( )
( )
( )

**Strategies:**
( )
( )

( )
( )

( )
( )

( )
( )



# Teaching Procedures

# Teaching Procedures Form

**Child's Name:** ____________________ **Date:** ____________ **Adult's Name:** ________________________________

**Length of implementation** ________________________________

**Outcome:** ____________________________________________________________________________________________

| Plan | Objective | Objective | Objective | Objective | Objective |
|---|---|---|---|---|---|
| | | | | | |
| (Antecedent) | | | | | |
| (Child Behavior) | | | | | |
| (Strategy 2) | | | | | |
| (Child Behavior) | | | | | |

3/00 AMD

# Teaching Strategy: Incidental Teaching

## Description of the procedure:

Inherent in the idea of educating children in integrated environments is the use of naturalistic teaching approaches. **Incidental teaching** is perhaps the best known naturalistic approach to teaching. **Incidental teaching**, the primary teaching strategy promoted in this curriculum, as defined by Dunst (1981), are the interactions a child has with the environment which arise either naturally or through afforded opportunities, where child responsiveness and interactions with the environment provide a basis for both sustaining and elaborating the child's behaviors.

## Who are appropriate candidates for this teaching procedure:

Incidental teaching can be used with children with a variety of disabilities. The procedure is most appropriate to use with children who currently begin interactions with adults in their environment (e.g., parents, interventionists) and is most effective in "low-structure" situations where these types of interactions are more likely to occur.

## Steps for using the strategy:

1. Identify the goals that are important to the child.
2. Identify times, activities, and routines in which the procedure will be used.

3. Adapt the activity and arrange the environment to encourage frequent child initiations by presenting novel or new materials, placing some preferred toys in view but out of reach (a must-ask shelf), providing some materials for which the child may need help (paint containers with lids on them), and providing materials with missing parts (a puzzle without some pieces).

4. Be available to children, and wait for their initiations.

5. When a child initiates an interaction with you, you should do the following:
   a. Focus on the child, decide whether to use this initiation as a teaching opportunity, and be sure that you understand the purpose of the child's initiation.
   b. Ask for more elaborate language from the child by saying, "Tell me more," "Use words", "What about ___?" or a similar statement that would be understood by the child.
   c. Wait a few seconds for the child to produce a more elaborate or complex statement; while waiting, look expectantly at the child.
   d. If the child uses more elaborate language, praise him, expand his statement, and respond to the content of what he has asked (e.g., if he asked for more materials, help him get them; if he asked for help, provide it).
   e. If the child does not produce a more elaborate statement, provide a model of a more complex statement and look expectantly at him, indicating to him to imitate it. When he imitates it, respond to the content of the statement.

6. Repeat steps 4 and 5 throughout the day.

**Special Considerations:**

Incidental teaching can be combined with a number of other teaching strategies including the mand-model procedure and time delay procedures. This procedure can be implemented throughout the day.

## **Teaching Strategy: Mand-Model Procedure**

### Description of the teaching procedure:

The mand-model procedure is another naturalistic teaching strategy primarily used to facilitate children's communication skills, which are critical to social competency. It can be used to get children to practice skills they are learning in one environment (e.g., school) to other environments (e.g., home). The mand-model procedure can also be used to teach new skills.

### Who are appropriate candidates for this teaching procedure?

This procedure can be used successfully with children will a variety of disabilities. It is especially useful with children who infrequently initiate interactions with adults.

### Steps for using this teaching procedure:

1. Identify the important goals for the child.
2. Identify times and low-structure activities in which the procedure will be used.
3. Ensure that the identified activity includes toys and materials that are likely to result in high levels of child engagement and play.
4. Allow or help the child to play with the toys and materials.
5. Play alongside the child, following his lead and being responsive to his communicative interactions.
6. When the child is playing but is receptive to adult interaction, do the following:

a. Ask a question that is related to the child's focus of attention and that will give him a chance to use the behaviors related to his communication goals.

b. After asking the question, look expectantly at the child for a response.

c. If the child responds correctly (as per his IFSP goal), affirm his statement by expanding it (using his words in a more advance way) and responding to the content of the statement. Continue the interaction or allow the child to continue playing

d. If the child does not use the desired response, provide a model of the response and look expectantly at him, indicating that you want him to imitate your statement or action. If the child imitates it, affirm his statement by expanding it and responding to its content. Continue the interaction or allow the child to continue playing.

7. Repeat steps 5 and 6 several times during the activity.

**Special considerations:**

The mand-model teaching procedure can be used in combination with other naturalistic strategies, such as the incidental teaching procedure and the time delay procedure.

# Teaching Strategy: Least to Most Assistance

## Description of the teaching procedure:

The least to most teaching procedure is a prompting strategy used to teach children a variety skills that can be broken up into smaller steps. Initially, the child is given the opportunity to perform a task independently. Gradually the teacher increases the level of prompting (from least intrusive prompts to more intrusive forms of prompts) until the child is successful at the task. Less intrusive prompts include gesturing (pointing)), modeling (watching other children) and verbal prompting (telling the child what to do). More intrusive prompts usually involve assisting the child physically by providing hand-over-hand assistance, or physically holding the child at the elbow or wrist to assist them.

## Who are appropriate candidates for this teaching procedure?

This prompting strategy works well with children with a variety of disabilities. It should be used whenever the child is being taught a skill that can be broken down into smaller steps. Children who do well with this strategy respond well to less intrusive prompts (such as gestures or modeling).

## Steps for using this teaching procedure:

1. Identify the skill to be taught and the steps involved in performing the skill.
2. Identify the "prompting hierarchy" for the child (which prompts does the child respond to listed from least intrusive to most intrusive).
3. Identify the times and activity in which the skill will be taught.
4. When the child is in the situation in which the skill will be taught, the teacher should:
    a. Wait to see if the child begins to perform the skill by themselves.
    b. If the child does begin to perform the skill by themselves, allow them to continue to perform each step independently.
    c. If the child does not begin to perform the skill by themselves, or performs a step incorrectly, provide the child with a prompt, beginning with the least intrusive prompt identified.
    d. If the child does not respond to the prompt, provide the child with a more intrusive prompt.
    e. Provide verbal encouragement to the child as the skill is being completed, and reinforce him at the end of the task.
5. Continue steps a - d for each step of the skill.

## Special considerations:

Be sure to customize each child's "prompting hierarchy" to include only those prompts that are effective with the child. Including ineffective prompts in this procedure can slow the child's rate of learning. Additionally, be sure to fade whatever prompts the child requires to complete the task quickly so that the child does not become dependent upon them. When using physical prompts, the teacher should be careful to not hold the child too tightly or make movements that would startle or hurt the child. Physical prompts with children who have physical disabilities should be used only under the guidance of a physical or occupational therapist.

## Teaching Strategy: Graduated Guidance

### Description of the teaching procedure:

Graduated guidance is a teaching strategy for teaching skills that can be broken down into smaller steps. It involves providing prompts at the level needed for the child to succeed and fading prompts as the child masters a skill. Eventually the child will be able to perform the task independently, without any form of prompting).

### Who are appropriate candidates for this teaching procedure?

Graduated guidance is effective with children with a wide range of disabilities. It should be used whenever the child is being taught a skill that can be broken down into smaller steps. Children who do well with this strategy respond better to more intrusive prompts (such as physical assistance), than they do to less intrusive prompts, like gesturing or verbal prompts.

### Steps for using this strategy:

1. Identify the skill to be taught and the steps involved in performing the skill.
2. Identify the "prompting hierarchy" that will be used to teach the skill, ordering these prompts from most intrusive (e.g., physical assistance) to least intrusive (e.g., verbal prompts, modeling).
3. Identify the times and activity in which the skill will be taught.

4. When the child is in the situation in which the skill will be taught, the teacher should:

   a. Provide only the amount of help the child will need to start the skill, and then immediately withdraw that help as she begins performing the skill.

   b. If the child stops, immediately provide the amount and type of help needed to get her started again, then withdraw the help as she begins to perform the skill.

   c. If the child makes an incorrect response provide the minimum amount of assistance to assist the child in performing the step.

   d. Provide verbal encouragement to the child as the skill is being completed, and reinforce her at the end of the task.

5. Continue steps a - e for each step of the task.

## Special considerations:

The graduated guidance procedure requires the teacher to make moment-to-moment decisions about whether to provide and withdraw assistance. Failure to withdraw the prompts quickly can slow the child's learning of the skill. When using physical prompts, the teacher should be careful to not hold the child too tightly or make movements that would startle or hurt the child. Physical prompts with children who have physical disabilities should be used only under the guidance of a physical or occupational therapist.

## Teaching Strategy: Time Delay Procedure

### Description of the teaching procedure:

In this strategy, the teacher initially provides the child with a prompt before the child is expected to perform the skill. In subsequent instruction, the teacher gives the child an opportunity to perform the task and waits for the child's response. The prompt is given three to five seconds later if the child does not respond correctly.

### Who are appropriate candidates for this teaching procedure?

The time delay procedure is effective with children with a wide variety of disabilities. It can be used in individual or in small group instruction. The time delay procedure can use almost any prompt, but models are the most common.

### Steps in using this procedure:

1. Identify the skill to be taught.
2. Assess whether the child will wait a few seconds when he does not know what to do.
3. Identify the times and activities in which the instruction will occur.
4. Identify what will cue the child to perform the task. Depending upon the skill being taught, the teacher or the natural environment may serve as cues for the child.

5. *Initial instruction:* When the child is in the situation in which the skill will be taught, the teacher should do the following:

   a. Ensure that the child knows it is time to use the skill, and immediately provide the prompt to ensure that he will perform the skill correctly.

   b. When the child uses the skill correctly, praise the child.

   c. Repeat steps and b several times, basing the number of times upon the difficulty of the skill and how quickly the child learns. The more difficult the skill and the slower the child's learning, the greater number of times steps a and b are done.

6. *Subsequent instruction:* When the child is in the situation in which the skill is being taught, the teacher should do the following:

   a. Ensure that the child knows it is time to use the skill, and wait three to five seconds for him to perform the skill or to start performing the skill.

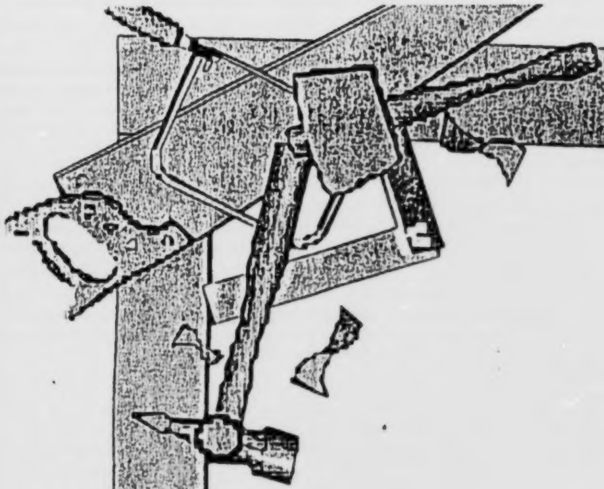
   b. If the child performs the skill correctly, praise him.

   c. If the child waits for assistance, give the prompt after three to five seconds. If he responds correctly after the prompt praise him.

   d. If the child responds incorrectly, do not prompt and do not praise him.

**Special considerations:**

In using the time delay procedure, the teacher systematically varies the timing of the prompt: during initial instruction the prompt is given before the child can respond; during subsequent instruction the prompt is delayed for three to five seconds. Although the exact timing of the prompt during subsequent instruction can vary, giving the prompt each time it should be given is critical.



# Individualized Data Collection Forms

## Program Data Collection Form

Child's Name: ________________ Date: __________ Adult's Name: __________________________

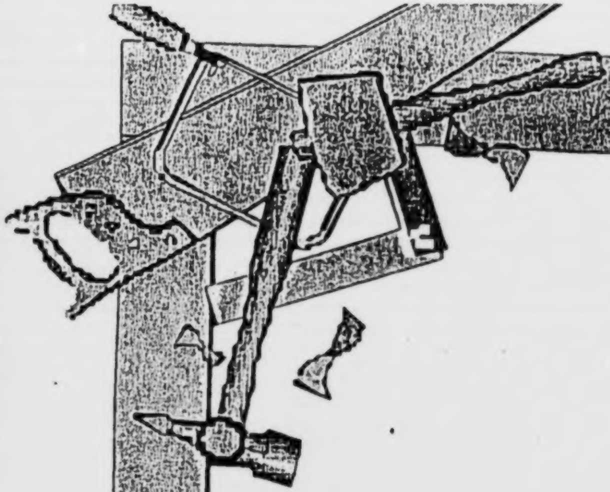
Length of implementation___________________________

Outcome: ________________________________________________________________________

Please place a plus (+) in the box if the described behavior occurred and a minus (-) in the box if the described behavior did not occur.

| Plan | Objective | Objective | Objective | Objective | Objective |
|---|---|---|---|---|---|
| | | | | | |
| (Antecedent) | | | | | |
| (Child Behavior) | | | | | |
| (Strategy 2) | | | | | |
| (Child Behavior) | | | | | |

3/00 AMD



# Meeting Notes

Meeting Date: ____________ Next Meeting Date & Time: ____________

Participants: ____________

|  | Follow-Up |  |  |
|---|---|---|---|
| **Things to Talk About...** | **Who?** | **What?** | **When?** |
|  |  |  |  |

Additional Notes: ____________

# APPENDIX G

## Visit Log

Date: ______________________ Child's Name________________

Location of Visit: ____________________________________________________

Goal/Strategy Addressed: ______________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Goal/Strategy Addressed by Group Leader/Parent: ___________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Comments Expressed by the Group Leader/Parent: ___________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Techniques for training used: ___________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

__ Modeling Strategy (Informal) __ Share Written Material

__ Lead a Preplanned Activity (Formal Modeling) __ Conversation

Were data collection forms collected? Yes No

Were data collection forms discussed and or modeled? Yes No

# APPENDIX H

# The Family Handbook

**The Social Competence Curriculum Project**

**Division of Child and Family Studies**

**Department of Pediatrics**

**UConn Health Center**

**Farmington, CT**

## INTRODUCTION

The Play Tools for Toddlers Family Handbook contains information about the Social Competence Curriculum Project. The Handbook will help explain The Play Tools for Toddlers Curriculum (the curriculum used with your child at her/his community program), outline your family's participation, provide you with a written record of the goals you have chosen for your family and describe strategies that will help you keep track of the steps toward reaching those goals. The Handbook will also provide you with suggestions for ways to build your child's social development within four key areas.

Specifically the Handbook will answer the following questions:

- What is The Play Tools for Toddlers Curriculum?
- What is required of my family while participating in the Social Competence Curriculum Project?
- What can I do to help my child develop social competence?
- What is the plan to achieve our goals?

## BACKGROUND

The Social Competence Curriculum Project was initiated because we believe that your child's ability to make friends is an important key to their well being. There are very few things that we do in our lives that do not involve interacting with other people. Children begin to develop important social skills to build their ability to interact with people at a very early age and continue to master them into adulthood. It is known that children with disabilities may encounter extra challenges as they move through the maze of learning to be with and play with other children. The Play Tools for Toddlers Curriculum was developed to address these extra challenges by beginning to build strong foundation skills specifically in the areas of involvement with peers, initiating an interaction with a peer, and an understanding of social rules such as mine vs. yours. The curriculum can be used in community groups such as day care centers or nursery school programs and at home.

This story is an example of how The Play Tools for Toddlers Curriculum can be used in a community program to encourage your child to defend their own property, an important step toward understanding the concept of ownership.

Joseph is a 27-month-old child in a day care program. He communicates mostly through gestures. His peers frequently take toys from him and they do not recognize his gestures when he tries to defend his toys. Through ongoing conversations with his parents, teachers, and early intervention providers it is decided that Joseph will touch his chest to indicate mine. During free playtime in his daycare, the project staff will begin to model touching their chest and holding the toy they are playing with. They verbally prompt Joseph to touch his chest during playtime when peers try to take away his toys. The project staff will also model the strategies and discuss the successes or changes needed with the teachers. Over time Joseph begins to use the gesture spontaneously and his peers begin to recognize that Joseph is defending his toy. The number of times his peers take a toy he is playing with begins to decrease.

## WHAT IS THE PLAY TOOLS FOR TODDLERS CURRICULUM?

The Play Tools for Toddlers Curriculum has four major sections.

I. Assessment

II. Intervention Planning

III. Implementation

IV. Data Collection

**Assessment:** To begin with we spend some time finding out what your child is currently doing when they are with other children. We do that through conversations with you and the other adults in your child's life as well as through the use of the Assessment of Peer Relations (The APR). The APR is an in depth look at how your child acts socially when he or she is with other children.

**Intervention Planning:** As a group, the information gathered during the assessment is used to develop goals for your child.

**Implementation:** This is the time when the project staff is actually playing with your child and using the developed strategies to build your child's skills.

**Data Collection:** During this phase we are using the strategies and watching your child's response. We record the strategy used and your child's response so we know if what we are doing is having a positive effect. We can then use this information to see if any changes need to be discussed.

## WHAT IS REQUIRED OF MY FAMILY WHILE PARTICIPATING IN THE SOCIAL COMPETENCE CURRICULUM PROJECT?

We have spent some time talking about the curriculum used in your child's program. Now let's focus on your involvement. Not surprisingly the process is very much the same. Once you have chosen to participate in the project we will meet weekly or every other week depending on your schedule, to gather information about your child and your family. Once that is completed we will use that information to identify some areas you see as important to your child's social growth. The project staff is available to discuss some strategies that may make accomplishing the identified areas a reality. A Family Activity Plan is a form that is used to write down the goal(s) you have identified and some steps toward reaching that goal(s). It will also include information about what to look for to be sure the steps you are using are the right ones for your child. In order to be able to answer the question, how will we know if this is working? We ask you to keep track of what happens during the time you are working toward your goals. There are two formats that can be used. They are, The Activity Diary and the Activity Outcomes Matrix. Your project staff person will explain the differences between the two forms. You may choose the form that you prefer.

This story is an example of how the Family Curriculum of the Play Tools for Toddlers Curriculum can be used to help a family achieve their goal(s) for their child.

Sara is the third child in the Moore family. Her parents have always felt that children learn a lot from each other. They made efforts to give their other two children extra opportunities to play with children their age while their parents were present. Sara came home from the hospital after 9 weeks in the NICU and immediately began to receive early intervention services at home. Because of her health issues her Mom and Dad were hesitant to involve Sara with other children. Her health has stabilized but Mom and Dad have lost contact with other families in their neighborhood and are not sure how to get back "out there". During initial data collection the family identified this issue. They identified strategies that they felt would help them achieve this goal. They were, to find out about play opportunities, begin to receive The Family Paper, and call one friend whose older children were playmates for their older children. In the time between visits project staff obtained information about some existing play opportunities in the family's community. They also obtained a phone number that the family could call to begin to receive The Family Paper and made a copy of Positive Playdates, (a booklet developed by another parent who participated in the project). This information was shared with the family during the next visit. Two weeks later when project staff returned, Sara's Mom had contacted her friend to arrange a play time and used one of the activities from Positive Playdates during a play time at her home.

Here's where the Activity Diary or the Activity Outcomes Matrix can be used. Mom or Dad would write down what activity they tried, and how things went. This information could be used to plan another play date or to decide if another way of adding playtime for Sara should be tried.

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## WHAT CAN I DO TO HELP MY CHILD DEVELOP SOCIAL COMPETENCE?

I. Social competence has been defined as, "A child's ability to successfully and appropriately select and carry out their interpersonal goals." Which simply means that when I am with other children these are the things I would like to accomplish, (1)decide what do I want to do and (2)how am I going to do it. Keep those words in mind as you spend some time thinking about what your child does throughout the day. You've probably thought of daily routines like getting dressed and eating meals, some regular routines like grocery shopping, laundry, and occasionally playing with friends or cousins. Some of these activities have obvious social components and others do not. Now think about your day. Your list probably has many more activities that include social components. In fact, if you were to list your social activities on one side of paper and your non-social activities on the other side of the paper it would not be surprising for the social list to be longer. Think about how many times a day you are called upon to use your social skills. Our ability to plan what we want to do when we are with other people and how we are going to accomplish those goals is an incredibly important part of our lives. Without those skills even ordering our morning coffee would be difficult.

When our children enter our lives we understand that part of our job is to give them the skills they need to move away from us and to become part of a community that they choose for themselves. As parents we also struggle with how to achieve that goal. By building strong foundations in the area of social competence you help your child with one very important step on the road to becoming their own person.

II. What you believe. We are bombarded by decisions every day. Decisions about daily things like what to buy at the grocery store, to more life long decisions like what community to live in. Whether we focus on it or not our decisions are shaped by what we believe. We may believe that frozen vegetables are more easily cooked than canned and we may believe that the community we live in should be close to our extended family members. These beliefs would then lead us to buy frozen vegetables and live close to our siblings. Our decisions about how to foster the growth of our children's social skills are as closely linked to our beliefs as the examples described above. This section will help to

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outline some important concepts that may change the way you believe children's social skills develop.

Social Skills can be taught. Most of us believe that children need to be taught to recognize numbers and letters. These skills later lead to learning to add and read. Because we believe children can be taught these skills we begin when they are young counting 1,2,3 before our child goes down the slide, showing them how to hold up 1 finger then 2 fingers and so on as they celebrate each birthday. We ask questions like, "How many cookies do you have?" and then help them count the cookies. We believe we can begin the teaching of adding and reading even before our children go to school.

Take a minute to think about your child's social skills. How do you think those skills develop? Is it a process similar to learning to add? Or is it just something that your child has come pre-wired to accomplish? You may be surprised to learn that research has shown the process is like learning your numbers. Parents can have an effect on how a child's social skills develop.

According to research on how children develop social interaction skills, two of the most important means by which parents can help their children develop these skills are:

- Playing with your child using certain strategies before play, during play, and after play.
- Creating opportunities for your child to be involved in play activities with other children his/her age.

In the pages that follow you will find information about these two areas. Your project staff person is there to explain any of the information and guide you through it over the course of your involvement in the project. You can read it now or wait for them.

III. We have confidence you can do it. This is not easy. Children are incredibly complex little people. As many people say they should come with instruction books. But since they don't, we need to use as many strategies as we can to help us with the process of being a parent. If you are reading this it probably means that one of the strategies you use is seeking out information from other sources. It also probably means that your child's social development is important to you. You should feel very good about those two things. Keep reaching out for information and support that you feel will help your family. You are the most important influence in your child's life. From one parent to another, " Over the past year and a half I have put considerable time and energy into creating play opportunities for my daughter. We've had some good and bad experiences. The key I think is to try, try, and try, again. New friend, new activity. You never know."

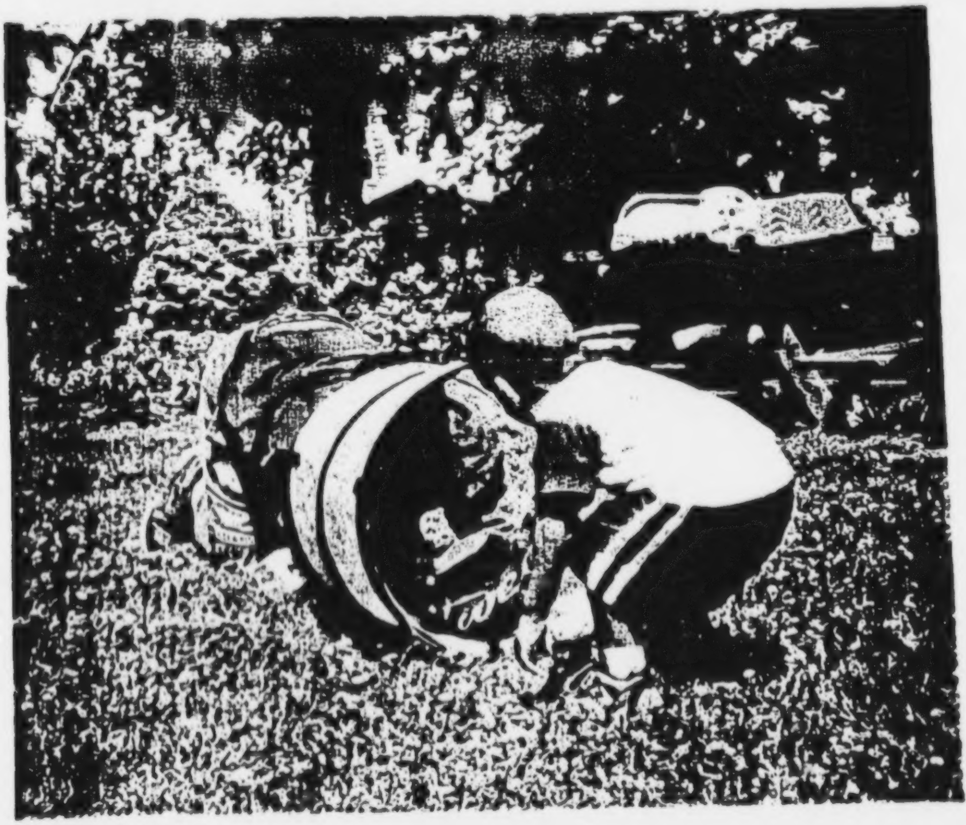
IV. Do you ever wonder how your child has "learned" to do something? The "story" might be something like, I was saying goodbye to my sister when the baby picked up her hand and waved. I never showed her how to do that. This story and many more like them are the reasons why what we do with our children is so important. Because many times we are teaching them things without even trying.

- When you tickle your child then pause for them to laugh and then do it again you are teaching them the first steps of taking turns.
- When your child is sad because their blocks have fallen over and you give them a hug you are teaching them the beginnings of how to control their feelings.
- By smiling at your child as they repeat an action you have enjoyed you are helping them learn when their friends are enjoying something they have just done.

Yet if someone asked you what you were doing you would not answer, teaching my child to take turns or helping them learn to control their feelings or teaching them to read social cues. You might answer just being a Mom or Dad.

If it seems like we are spending a lot of time on the interactions between you and your child you are right. We are. There is a reason for this. Researchers have learned much about how children learn social skills and how they make friends. Parents are always found to be important. In fact one man, Dr. Michael Guralnick, has said something like, It seems that so many of the rules of social interaction such as taking turns, knowing when other people like what we do, how to communicate and solve problems are learned when children are with their parents and then carry over to the time they spend with their friends. You begin the learning process by doing things like the examples listed above. By remembering three very important things you can continue the successful learning process. First, be positive with your child, second, be consistent with your child and third, help them understand their feelings when they are happy, sad or mad.

If we have done our job, by now you should feel you can have a huge impact on your child's social development. If we haven't, stop here and let us know. If we have, then you may find the next sections helpful when spending time with your child.



## BEFORE PLAY

Believe it or not there is work to be done before play.

- Spend some time thinking about what your child likes to do
- Set up the play area ahead of time with the toys they enjoy
- Arrange play times with one other child
- If there will be more than one child try and have enough toys for each child

## AFTER PLAY

- Later in the day talk about the play time
- Spend some time thinking about what went well
- Continue the fun during daily routines

## DURING PLAY

- Join in the play
- Watch what your child is doing and repeat that action or add on to it. For example, if your child is knocking down a stack of blocks with their hand, you could do the same or introduce a truck to crash into them
- Play games like tickle, this little piggy, swing your child in the air, pause and watch for signs that they enjoy it, do it again
- Gently offer play suggestions. For example if your child is banging their baby on the floor, offer a spoon and a suggestion that the baby might be hungry, make eating noises while you do this
- Be positive. Point out when your child or the group of children has played well together
- It is difficult for young children to share or take turns. Don't expect your 2-year-old to be able to do those things on his/her own. One solution is to offer a similar or if possible the same toy to both children
- Model offering your toys to your child
- Excitedly point out what you or they are doing
- When you're out in public point out what other children are doing
- Call your child's name or touch them on the arm to gain their attention when you are playing
- Watch for any sign that your child is trying to interact with you and then respond

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# APPENDIX I

## Visit Log

Date: ____________________ Child's Name________________

Location of Visit: ____________________________________________

Goal/Strategy Addressed: ____________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Goal/Strategy Addressed by Group Leader/Parent: ____________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Comments Expressed by the Group Leader/Parent: ____________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Techniques for training used: ________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

__ Modeling Strategy (Informal) __ Share Written Material

__ Lead a Preplanned Activity (Formal Modeling) __ Conversation

Were data collection forms collected? Yes No

Were data collection forms discussed and or modeled? Yes No

# APPENDIX H

# Play Tools for Toddlers Curriculum Overview

**The Social Competence Curriculum Project**
**Division of Child and Family Studies**
**Department of Pediatrics**
**UConn Health Center**
**Farmington, CT**

## WHAT IS SOCIAL COMPETENCE?

Social competence is a child÷s ability to successfully and appropriately select and carry out their interpersonal goals (Guralnick, 1990, p.4).

## WHO IS THE CURRICULUM FOR?

The Play Tools for Toddlers Curriculum was designed for toddlers (18 months to 3 years of age) with special needs who are receiving early intervention services in natural environments such as integrated early childhood settings, community play groups, and home environments.

## WHAT IS THE FOCUS OF THE CURRICULUM?

The curriculum focuses on the facilitation of social interactions between children during ongoing daily routines and activities through environmental arrangements, activity planning, and adult intervention.

## HOW IS THE CURRICULUM ORGANIZED?

The Play Tools for Toddlers Curriculum is divided into three sections:

Φ Module One: Assessment

Φ Module Two: Program Planning

Φ Module Three: Implementation

## WHAT SKILLS CAN BE TAUGHT USING THE CURRICULUM?

**Section I** of the curriculum focuses on early interaction skills, such as playing with toys, simple interactions with other children, and the understanding of social rules.

**Section II** of the curriculum focuses on the child÷s ability to apply the skills in Section I within three major social tasks:

Φ Peer group entry

Φ Conflict resolution

Φ Maintaining play

## WHAT IS THE CURRICULUM BASED ON?

The curriculum is based on the hierarchical model of social competence development developed by Dr. Michael Guralnick. The model assumes that for children to develop friendships and be socially competent they must learn and utilize three important social tasks: peer group entry, conflict resolution, and maintaining play.

## HOW IS THE CURRICULUM STRUCTURED?

The curriculum was developed using a behavioral format. Using a behavioral format allows the adults involved with the child to perform an action, observe the child÷s response, and then if needed, modify their action based on the child÷s response to help the child achieve their identified goal. This format is extremely useful when teaching complex tasks because it allows the tasks to be broken down into small, teachable steps. The terms used to describe a behavioral format include, antecedent, behavior, consequence, and alternative consequence. The following information provides definitions and examples of these terms.

**Antecedent:** Anything that happens before a particular event or behavior. Antecedents can occur naturally in an environment or they can be events or interventions initiated by adults or children that may increase the likelihood that a child will perform a certain behavior.

**Behavior:** Behavior refers to the measurable and observable activities of the child.

**Consequence:** A consequence is an event that follows a certain behavior.

**Alternative Consequence:** Alternative consequences are interventions that may be used if the original antecedent was not successful.

## WHERE CAN THE CURRICULUM BE USED?

The curriculum format may sound very formal but it really fits easily into what happens every day in early childhood programs. On page 4 you will find an example of a curriculum target skill and how strategies can be implemented within the context of daily activities.

## CURRICULUM STRUCTURE

An example using a naturally occurring antecedent.

| | |
|---|---|
| Antecedent | It is free play time at the daycare. A group of children begin to play with toy cars. |
| Behavior | The child walks over to the group, stands near the children and watches them play. |
| Consequence | The other children do not acknowledge the child÷s interest in the group and continue to play. |
| Alternative Consequence | An adult notices the situation and tells the child to get a toy car and join the other children in play. |
| Behavior | The child gets a toy car and joins the other children in play. |

An example using an adult directed antecedent. The scene is the same, a group of children are playing with toy cars and a child is watching from a distance.

| | |
|---|---|
| Antecedent | The teacher approaches the group and models the behavior of getting a toy car and playing with it. |
| Behavior | The child walks over to the group, stands near the children and watches them play. |
| Consequence | The other children do not acknowledge the child÷s interest in the group and continue to play. |
| Alternative Consequence | The adult instructs a peer to invite the child to play by handing them a toy car and saying, ”Want to play with us?‘ |
| Behavior | The child takes the toy car and joins the other children in play. |

## IS THE CURRICULUM "FAMILY-FRIENDLY'?

The curriculum is firmly rooted in the principles of family-centered care. Family-centered care is a philosophy of care that recognizes that every child is part of a family. This philosophy respects the central role the family plays in the child÷s life. Dunst and Trivette (1987, 1988, 1989) suggest that the following beliefs and behaviors are essential for professionals to maintain a family-centered focus:

1. A positive and proactive stance towards families.
2. Belief in the families÷ responsibility for solving problems and meeting their own needs.
3. Belief that all families have the capacity to understand, learn, and manage events in their lives.
4. Ability to build on family strengths, not to try to "fix' deficits.
5. Ability to work with families in a proactive, anticipatory fashion (rather than waiting for things to go wrong before intervening).
6. Ability to teach families the competencies they need to better negotiate their family÷s developmental course.
7. Ability to help families identify and prioritize their needs as *they* see them.
8. Ability to get active family participation as part of mobilizing resources.
9. Ability to use partnerships and parent-professional collaboration as the foundation for enhancing family strengths.
10. Ability to provide families with the information essential to make informed decisions.
11. Ability to accept and support decisions made by families.

## IS THE CURRICULUM DEVELOPMENTALLY APPROPRIATE?

Developmentally appropriate programs are designed to meet the needs of individual children. The two components of developmental appropriateness: age appropriateness and individual appropriateness are fundamental to The Play Tools for Toddlers Curriculum. The following are some developmentally appropriate guidelines that were used in the development of this curriculum:

1. Although the curriculum focuses on the area of social competence, all skill areas are addressed through an integrated approach in planning for each individual child.
2. Curriculum outcomes and objectives should be taught in natural environments: the home, day care, play group and within the routines and activities already occurring in the child÷s program.
3. Curriculum planning should be based on the observations of those directly involved with the child (e.g., family, early intervention personnel).
4. Curriculum planning should emphasize learning as an interactive process.
5. Curriculum planning should provide a wide range of interests, abilities, activities, and materials to increase the complexity and challenges for toddlers as they master the skills targeted in their outcomes and objectives.

# MODULE ONE: ASSESSMENT

## WHAT ASSESSMENTS ARE USED IN THE CURRICULUM?

Before implementing The Play Tools for Toddlers Curriculum, a thorough assessment of the child÷s current social skills is necessary. This is done using two measurement tools:

1) **The Assessment of Peer Relations (APR):** The purpose of the APR is to organize observations of children in free play to identify the skills they currently have and those that they need to learn. The APR uses a developmental approach to help assess a child÷s social skills. It is based on the belief that children need to master certain fundamental social tasks before they can learn more complex social tasks. The APR is divided into three sections. Section I identifies a child÷s foundational social skills. It is used to observe and record the child÷s current level of social development. Section II looks at the child÷s strategies for pursuing more complex social tasks, such as joining other children at play, or resolving conflicts with other children. Section III explores the complex foundational processes that may effect a child÷s social development.

2) **The Play Profile:** The Play Profile is an assessment tool that can be completed by both parents and professionals to summarize a child÷s overall strengths and preferences. It consists of a series of questions that can help parents and early interventionists develop specific interventions that can enhance a child÷s social development.

Other developmentally appropriate assessments are used as needed.

# MODULE TWO: INTERVENTION PLANNING

## HOW ARE INTERVENTIONS PLANNED?

The challenge of planning any intervention program is in synthesizing the vast array of information gathered from various assessments, interviews, and observations. **The Intervention Planning Form** can help bridge the gap between assessment and intervention. This process provides the team with a systematic way of summarizing assessment information from the APR, The Play Profile, and other developmentally appropriate assessment sources.

## HOW ARE APPROPRIATE OUTCOMES AND OBJECTIVES DETERMINED?

Using **The Intervention Planning Form** will result in the identification of priority outcomes and objectives for children and their families. The next step is for parents, early interventionists, and other professionals to meet to develop appropriate social competence intervention outcomes and objectives for the IFSP. These outcomes and objectives should be clearly written to meet legal requirements and to be understandable to all team members, including the family. Although this curriculum focuses on social competence, it is also understood that the development of any good intervention program must be functional and integrate all developmental areas across settings.

**Long term outcomes** are generally broad in scope and address outcomes that set the direction for intervention over the course of several months to a year. However, they are typically **not** specific enough for short term planning so they are broken down into short term objectives.

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**Short term objectives** are often determined by identifying the skills that are necessary to reach the long term outcome. They should be clearly stated and contain the following three components:

1. Behavior the child is expected to perform.
2. Conditions under which the behavior is expected to occur.
3. Criteria for achievement.

**Examples:**

*Emily will initiate at least one verbal request to join another child in an ongoing activity during free play period over three days with two different children.*

*Emily will engage in play with one or more children for a minimum of five minutes on three consecutive days.*

## HOW ARE THESE OUTCOMES AND OBJECTIVES IMPLEMENTED AT HOME AND AT THE CHILD÷S DAY PROGRAM?

**The Outcomes-Activity Matrix** is used to pinpoint when identified outcomes and objectives can best be taught throughout a child÷s typical day. By completing a separate matrix for home and the child÷s day program, outcomes and objectives can be incorporated into both home and day program routines.

## WHAT TYPES OF STRATEGIES ARE CONTAINED IN THE CURRICULUM?

In addition to actually identifying and teaching targeted social skills, The Play Tools for Toddlers Curriculum contains ideas and suggestions for the following:

Φ The physical environment

Φ Routines and activities

Φ Materials

Φ Teaching procedures

## WHAT IF A CHILD NEEDS ADAPTATIONS TO THE CURRICULUM?

Given the wide array of special needs children may have, even the most well planned activities may require adaptations. The Play Tools for Toddlers Curriculum provides suggestions for adaptations for children with communication delays, visual and hearing impairments, behavioral challenges, physical challenges, and cognitive delays. General suggestions for each of these areas are provided in The Play Tools for Toddlers Curriculum÷s Intervention Manual. Additionally, specific suggestions for adaptations are provided throughout the curriculum for each target skill.

# MODULE THREE: INTERVENTION

## ONCE THE CURRICULUM HAS BEEN IMPLEMENTED, HOW IS PROGRESS MONITORED?

Data collection is an important component of any early intervention program. By collecting and analyzing data, parents and professionals can determine whether a child is learning and making progress. Data collection provides an ongoing opportunity for parents and early interventionists to evaluate their efforts. Without ongoing data collection it is impossible for parents and early interventionists to gain a clear indication of a child÷s performance on a particular objective.

**The Data Collection Form** can be used to collect data for each child-specific objective. In addition to serving as a data collection instrument, this form can also be used as an individualized instructional program. Recording the child-specific antecedents, behaviors, consequences, and alternative consequences for each objective will ensure that all persons working with the child will be familiar with the individualized instructional strategies for each objective. Although this may seem time intensive, it will ensure thorough instructional and data collection procedures for each objective.

## HOW DO I KEEP TRACK OF THE CHILD÷S PROGRESS?

Project staff will develop two individualized Curriculum Handbooks for each child: one for use by the early childhood professional in the child÷s day program and one for use by the family in the child÷s home. These Curriculum Handbooks will contain all of the information necessary to implement the child÷s individualized social competence program.

## WHAT IF I HAVE QUESTIONS OR NEED MORE INFORMATION ABOUT THE CHILD÷S SOCIAL COMPETENCE PROGRAM?

Project staff are scheduled to visit participating children in their day program on a weekly visit for the first month of the child÷s program. After the initial month, project staff will visit the day program every other week. These visits can be opportunities for problem solving, technical assistance, assistance with data collection, or celebrations! Home visits will also be scheduled as needed. It is anticipated that meetings attended by day care personnel, early interventionists, family members, and project staff will occur on a monthly basis. Finally, project staff are always available to answer your telephone calls. If you ever have any questions, please feel free to call Anne Marie Davidson, The Social Competence Curriculum Project Coordinator at (860) 679-1568 or

____________________ at ________________________.

## Center on the Social and Emotional Foundations for Early Learning Project
## State Strategic Planning Consumer Satisfaction

### Texas
(N=12)

**1** indicates that you **strongly disagree** with the statement,
**2** indicates that you **mildly disagree** with the statement,
**3** indicates **neutral,**
**4** indicates that you **mildly agree** with the statement,
**5** indicates that you **strongly agree** with the statement.

| **I. OVERALL MEETING** | Strongly Disagree | Mildly Disagree | Neutral | Mildly Agree | Strongly Agree | Mean | Standard Deviation |
|---|---|---|---|---|---|---|---|
| 1. I found the components of the meeting flowed logically from one to the next and made for a coherent experience. | | | | 41.7 | 58.3 | 4.58 | .52 |
| 2. The facilitator was well prepared and organized. | | | | 25.0 | 75.0 | 4.75 | .45 |
| 3. The facilitators managed team discussions to keep on track towards a unified strategic plan. | | | | 41.7 | 58.3 | 4.58 | .52 |
| 4. Overall, the process of the meeting was effective. | | | | 41.7 | 58.3 | 4.58 | .52 |

**II. MEETING COMPONENTS**
I found the following components of the meeting useful to the final design of my state's strategic plan:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. Creating a Vision: Beginning with Values | | | 9.1 | 9.1 | 81.8 | 4.73 | .65 |
| 2. Formulating the Mission: Future Outcomes | | | 8.3 | 25.0 | 66.7 | 4.58 | .67 |
| 3. Action Planning | | | 25.0 | 25.0 | 50.0 | 4.25 | .87 |
| 4. Resource Allocation | | | 50.0 | 20.0 | 30.0 | 3.80 | .92 |
| 5. Implementation Steps | | | 36.4 | 18.2 | 45.5 | 4.09 | .94 |

| III. **OUTCOMES** | Strongly Disagree | Mildly Disagree | Neutral | Mildly Agree | Strongly Agree | Mean | Standard Deviation |
|---|---|---|---|---|---|---|---|
| 1. I am better informed about current activities in my State that address the social and emotional well-being of children in child care and Head Start. | | | 41.7 | 25.0 | 33.3 | 3.92 | .90 |
| 2. I have a better understanding of who does what in the State around the social and emotional well-being of children in child care and Head Start. | | | 41.7 | 25.0 | 33.3 | 3.92 | .90 |
| 3. I have a better understanding of the resources available in the state with regard to the social and emotional well-being of children in child care and Head Start. | | | 58.3 | 16.7 | 25.0 | 3.67 | .89 |
| 4. I have an improved relationship with a representative of one or more agencies as a result of participating in this strategic planning experience. | | | | 41.7 | 58.3 | 4.58 | .52 |
| 5. The strategic plan is realistic to achieve. | | | 18.2 | 63.6 | 18.2 | 4.00 | .63 |
| 6. I believe that if we implement them, the action steps in strategic plan can make a significant impact in supporting the social and emotional well-being of children in our state's child care and Head Start programs. | | | 8.3 | 41.7 | 50.0 | 4.42 | .67 |
| 7. I believe the strategic plan will be implemented. | | | 8.3 | 66.7 | 25.0 | 4.17 | .58 |

# The Play Tools for Toddlers

## Curriculum Handbook

For:

# Summary of Assessment Results

# Play Tools for Toddlers
# Intervention Planning Form

Child's Name: Date: Date of Birth:
Person(s) Completing Form:

**Areas of Social Competency (APR Section I)**

| | Involvement | Initiations | Shared Understanding |
|---|---|---|---|
| **Strengths** | | | |
| **Concerns** | | | |
| **Communication Mode** | | | |
| **Mobility Skills** | | | |
| **Curriculum Goals?** | | | |
| **Materials/ Strategies/ Adaptations** | | | |

# Play Tools for Toddlers
# Intervention Planning Form

Areas of Social Competency (Section II)

| | Peer Group Entry | Conflict Resolution | Maintaining Play |
|---|---|---|---|
| **Strengths** | | | |
| **Concerns** | | | |
| **Communicaion Mode** | | | |
| **Mobility Skills** | | | |
| **Curriculum Goals?** | | | |
| **Materials/ Strategies/ Adaptations** | | | |

## ☐Outcomes and Short-Term Objectives

# Play Tools for Toddlers
# Outcomes & Short Term Objectives

Child's Name: Date of Birth: Date:

**Outcome:**________________________________________

**Short-Term Objective(s):**

**( )**________________________________________
**( )**________________________________________
**( )**________________________________________
**( )**________________________________________

**Strategies:**

**( )**________________________________________
**( )**________________________________________

**( )**________________________________________
**( )**________________________________________

**( )**________________________________________
**( )**________________________________________

**( )**________________________________________
**( )**________________________________________

# Teaching Procedures

# Teaching Strategy: Incidental Teaching

## Description of the procedure:

Inherent in the idea of educating children in integrated environments is the use of naturalistic teaching approaches. **Incidental teaching** is perhaps the best known naturalistic approach to teaching. **Incidental teaching**, the primary teaching strategy promoted in this curriculum, as defined by Dunst (1981), are the interactions a child has with the environment which arise either naturally or through afforded opportunities, where child responsiveness and interactions with the environment provide a basis for both sustaining and elaborating the child's behaviors.

## Who are appropriate candidates for this teaching procedure:

Incidental teaching can be used with children with a variety of disabilities. The procedure is most appropriate to use with children who currently begin interactions with adults in their environment (e.g., parents, interventionists) and is most effective in "low-structure" situations where these types of interactions are more likely to occur.

## Steps for using the strategy:

1. Identify the goals that are important to the child.
2. Identify times, activities, and routines in which the procedure will be used.

3. Adapt the activity and arrange the environment to encourage frequent child initiations by presenting novel or new materials, placing some preferred toys in view but out of reach (a must-ask shelf), providing some materials for which the child may need help (paint containers with lids on them), and providing materials with missing parts (a puzzle without some pieces).
4. Be available to children, and wait for their initiations.
5. When a child initiates an interaction with you, you should do the following:
    a. Focus on the child, decide whether to use this initiation as a teaching opportunity, and be sure that you understand the purpose of the child's initiation.
    b. Ask for more elaborate language from the child by saying, "Tell me more," "Use words", "What about ___?" or a similar statement that would be understood by the child.
    c. Wait a few seconds for the child to produce a more elaborate or complex statement; while waiting, look expectantly at the child.
    d. If the child uses more elaborate language, praise him, expand his statement, and respond to the content of what he has asked (e.g., if he asked for more materials, help him get them; if he asked for help, provide it).
    e. If the child does not produce a more elaborate statement, provide a model of a more complex statement and look expectantly at him, indicating to him to imitate it. When he imitates it, respond to the content of the statement.
6. Repeat steps 4 and 5 throughout the day.

**Special Considerations:**

Incidental teaching can be combined with a number of other teaching strategies including the mand-model procedure and time delay procedures. This procedure can be implemented throughout the day.

## Teaching Strategy: Mand-Model Procedure

### Description of the teaching procedure:

The mand-model procedure is another naturalistic teaching strategy primarily used to facilitate children's communication skills, which are critical to social competency. It can be used to get children to practice skills they are learning in one environment (e.g., school) to other environments (e.g., home). The mand-model procedure can also be used to teach new skills.

### Who are appropriate candidates for this teaching procedure?

This procedure can be used successfully with children will a variety of disabilities. It is especially useful with children who infrequently initiate interactions with adults.

### Steps for using this teaching procedure:

1. Identify the important goals for the child.
2. Identify times and low-structure activities in which the procedure will be used.
3. Ensure that the identified activity includes toys and materials that are likely to result in high levels of child engagement and play.
4. Allow or help the child to play with the toys and materials.
5. Play alongside the child, following his lead and being responsive to his communicative interactions.
6. When the child is playing but is receptive to adult interaction, do the following:

   a. Ask a question that is related to the child's focus of attention and that will give him a chance to use the behaviors related to his communication goals.
   b. After asking the question, look expectantly at the child for a response.
   c. If the child responds correctly (as per his IFSP goal), affirm his statement by expanding it (using his words in a more advance way) and responding to the content of the statement. Continue the interaction or allow the child to continue playing
   d. If the child does not use the desired response, provide a model of the response and look expectantly at him, indicating that you want him to imitate your statement or action. If the child imitates it, affirm his statement by expanding it and responding to its content. Continue the interaction or allow the child to continue playing.

7. Repeat steps 5 and 6 several times during the activity.

**Special considerations:**

The mand-model teaching procedure can be used in combination with other naturalistic strategies, such as the incidental teaching procedure and the time delay procedure.

## Teaching Strategy: Least to Most Assistance

### Description of the teaching procedure:

The least to most teaching procedure is a prompting strategy used to teach children a variety skills that can be broken up into smaller steps. Initially, the child is given the opportunity to perform a task independently. Gradually the teacher increases the level of prompting (from least intrusive prompts to more intrusive forms of prompts) until the child is successful at the task. Less intrusive prompts include gesturing (pointing)), modeling (watching other children) and verbal prompting (telling the child what to do). More intrusive prompts usually involve assisting the child physically by providing hand-over-hand assistance, or physically holding the child at the elbow or wrist to assist them.

### Who are appropriate candidates for this teaching procedure?

This prompting strategy works well with children with a variety of disabilities. It should be used whenever the child is being taught a skill that can be broken down into smaller steps. Children who do well with this strategy respond well to less intrusive prompts (such as gestures or modeling).

**Steps for using this teaching procedure:**

1. Identify the skill to be taught and the steps involved in performing the skill.
2. Identify the "prompting hierarchy" for the child (which prompts does the child respond to listed from least intrusive to most intrusive).
3. Identify the times and activity in which the skill will be taught.
4. When the child is in the situation in which the skill will be taught, the teacher should:
    a. Wait to see if the child begins to perform the skill by themselves.
    b. If the child does begin to perform the skill by themselves, allow them to continue to perform each step independently.
    c. If the child does not begin to perform the skill by themselves, or performs a step incorrectly, provide the child with a prompt, beginning with the least intrusive prompt identified.
    d. If the child does not respond to the prompt, provide the child with a more intrusive prompt.
    e. Provide verbal encouragement to the child as the skill is being completed, and reinforce him at the end of the task.
5. Continue steps a - d for each step of the skill.

**Special considerations:**

Be sure to customize each child's "prompting hierarchy" to include only those prompts that are effective with the child. Including ineffective prompts in this procedure can slow the child's rate of learning. Additionally, be sure to fade whatever prompts the child requires to complete the task quickly so that the child does not become dependent upon them. When using physical prompts, the teacher should be careful to not hold the child too tightly or make movements that would startle or hurt the child. Physical prompts with children who have physical disabilities should be used only under the guidance of a physical or occupational therapist.

# Teaching Strategy: Graduated Guidance

## Description of the teaching procedure:

Graduated guidance is a teaching strategy for teaching skills that can be broken down into smaller steps. It involves providing prompts at the level needed for the child to succeed and fading prompts as the child masters a skill. Eventually the child will be able to perform the task independently, without any form of prompting).

## Who are appropriate candidates for this teaching procedure?

Graduated guidance is effective with children with a wide range of disabilities. It should be used whenever the child is being taught a skill that can be broken down into smaller steps. Children who do well with this strategy respond better to more intrusive prompts (such as physical assistance), than they do to less intrusive prompts, like gesturing or verbal prompts.

## Steps for using this strategy:

1. Identify the skill to be taught and the steps involved in performing the skill.
2. Identify the "prompting hierarchy" that will be used to teach the skill, ordering these prompts from most intrusive (e.g., physical assistance) to least intrusive (e.g., verbal prompts, modeling).
3. Identify the times and activity in which the skill will be taught.

4. When the child is in the situation in which the skill will be taught, the teacher should:
   - a. Provide only the amount of help the child will need to start the skill, and then immediately withdraw that help as she begins performing the skill.
   - b. If the child stops, immediately provide the amount and type of help needed to get her started again, then withdraw the help as she begins to perform the skill.
   - c. If the child makes an incorrect response provide the minimum amount of assistance to assist the child in performing the step.
   - d. Provide verbal encouragement to the child as the skill is being completed, and reinforce her at the end of the task.
5. Continue steps a - e for each step of the task.

**Special considerations:**

The graduated guidance procedure requires the teacher to make moment-to-moment decisions about whether to provide and withdraw assistance. Failure to withdraw the prompts quickly can slow the child's learning of the skill. When using physical prompts, the teacher should be careful to not hold the child too tightly or make movements that would startle or hurt the child. Physical prompts with children who have physical disabilities should be used only under the guidance of a physical or occupational therapist.

# Teaching Strategy: Time Delay Procedure

## Description of the teaching procedure:

In this strategy, the teacher initially provides the child with a prompt before the child is expected to perform the skill. In subsequent instruction, the teacher gives the child an opportunity to perform the task and waits for the child's response. The prompt is given three to five seconds later if the child does not respond correctly.

## Who are appropriate candidates for this teaching procedure?

The time delay procedure is effective with children with a wide variety of disabilities. It can be used in individual or in small group instruction. The time delay procedure can use almost any prompt, but models are the most common.

## Steps in using this procedure:

1. Identify the skill to be taught.
2. Assess whether the child will wait a few seconds when he does not know what to do.
3. Identify the times and activities in which the instruction will occur.
4. Identify what will cue the child to perform the task. Depending upon the skill being taught, the teacher or the natural environment may serve as cues for the child.

5. *Initial instruction:* When the child is in the situation in which the skill will be taught, the teacher should do the following:

  a. Ensure that the child knows it is time to use the skill, and immediately provide the prompt to ensure that he will perform the skill correctly.

  b. When the child uses the skill correctly, praise the child.

  c. Repeat steps and b several times, basing the number of times upon the difficulty of the skill and how quickly the child learns. The more difficult the skill and the slower the child's learning, the greater number of times steps a and b are done.

6. *Subsequent instruction:* When the child is in the situation in which the skill is being taught, the teacher should do the following:

  a. Ensure that the child knows it is time to use the skill, and wait three to five seconds for him to perform the skill or to start performing the skill.

  b. If the child performs the skill correctly, praise him.

  c. If the child waits for assistance, give the prompt after three to five seconds. If he responds correctly after the prompt praise him.

  d. If the child responds incorrectly, do not prompt and do not praise him.

**Special considerations:**

In using the time delay procedure, the teacher systematically varies the timing of the prompt: during initial instruction the prompt is given before the child can respond; during subsequent instruction the prompt is delayed for three to five seconds. Although the exact timing of the prompt during subsequent instruction can vary, giving the prompt each time it should be given is critical.

## ☐Individualized Data Collection Forms

## The Play Tools for Toddlers
## Program Data Collection Form

**Child's Name:** ________________ **Date:** __________ **Adult's Name:** __________________________

**Length of implementation**__________________________

**Outcome:** ________________________________________________________________________

**Please place a plus (+) in the box if the described behavior occurred and a minus (-) in the box if the described behavior did not occur.**

| **Plan** | **Objective** | **Objective** | **Objective** | **Objective** | **Objective** |
|---|---|---|---|---|---|
| | | | | | |
| (Antecedent) | | | | | |
| (Child Behavior) | | | | | |
| (Strategy 2) | | | | | |
| (Child Behavior) | | | | | |

3/00 AMD

# Meeting Notes

# APPENDIX I

# Play Tools for Toddlers
# Intervention Planning Form

Child's Name: Date: Date of Birth:
Person(s) Completing Form:

### Areas of Social Competency (APR Section I)

| | Involvement | Initiations | Shared Understanding |
|---|---|---|---|
| **Strengths** | | | |
| **Concerns** | | | |
| **Communication Mode** | | | |
| **Mobility Skills** | | | |
| **Curriculum Goals?** | | | |
| **Materials/<br>Strategies/<br>Adaptations** | | | |

# Play Tools for Toddlers
# Intervention Planning Form

## Areas of Social Competency (Section II)

| | Peer Group Entry | Conflict Resolution | Maintaining Play |
|---|---|---|---|
| **Strengths** | | | |
| **Concerns** | | | |
| **Communica-ion Mode** | | | |
| **Mobility Skills** | | | |
| **Curriculum Goals?** | | | |
| **Materials/ Strategies/ Adaptations** | | | |

# The Play Tools For Toddlers
# Activities-Outcomes Matrix

Child's Name: Date of Birth: Date:

**Daily Activities**

| **IFSP Outcomes** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## Play Tools for Toddlers
## Outcomes & Short Term Objectives

Child's Name: Date of Birth: Date:

**Outcome:** ______________________________

**Short-Term Objective(s):**

( ) ______________________________
( ) ______________________________
( ) ______________________________
( ) ______________________________

**Strategies:**

( ) ______________________________
( ) ______________________________

( ) ______________________________
( ) ______________________________

( ) ______________________________
( ) ______________________________

( ) ______________________________
( ) ______________________________

Meeting Date: ____________ Next Meeting Date & Time: ____________

Participants: ____________

| | Follow-Up | | |
|---|---|---|---|
| **Things to Talk About...** | **Who?** | **What?** | **When?** |
| | | | |

Additional Notes: ____________

____________

____________

## The Play Tools for Toddlers Family Handbook
## Activity Plan

Outcome: ____________________________________________

Steps or activities toward reaching outcome:

( ) ____________________________________________

( ) ____________________________________________

( ) ____________________________________________

Procedures/Strategies:

____________________________________________

____________________________________________

____________________________________________

____________________________________________

Materials: ____________________________________________

____________________________________________

How often will I work on this outcome? ______________ When will I work on this outcome? ______________

How will we know if it's working? ____________________________________________

____________________________________________

____________________________________________

## The Play Tools for Toddlers Family Handbook
## Activity Diary

Date: ____________

What happened? ________________________________

________________________________

What went well? ________________________________

________________________________

What would have made it even better? ________________________________

________________________________

Next steps: ________________________________

________________________________

________________________________

# APPENDIX J

# The Play Tools for Toddlers
# Program Data Collection Form

**Child's Name:** ________________ **Date:** __________ **Adult's Name:** ______________________________

**Length of implementation** ______________________________

**Outcome:** ______________________________________________________________________________

**Please place a plus (+) in the box if the described behavior occurred and a minus (-) in the box if the described behavior did not occur.**

| Plan | Objective | Objective | Objective | Objective | Objective |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
| (Antecedent) |  |  |  |  |  |
| (Child Behavior) |  |  |  |  |  |
| (Strategy 2) |  |  |  |  |  |
| (Child Behavior) |  |  |  |  |  |

3/00 AMD

## The Play Tools for Toddlers Family Handbook
## Activity Diary

Date: ____________

What happened? ____________

What went well? ____________

What would have made it even better? ____________

Next steps: ____________

## Visit Log

Date: ______________________ Child's Name________________

Location of Visit: ____________________________________________________

Goal/Strategy Addressed: ______________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Goal/Strategy Addressed by Group Leader: ______________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Comments Expressed by the Group Leader: ______________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Techniques for training used: __________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

__ Modeling Strategy (Informal) __ Share Written Material

__ Lead a Preplanned Activity (Formal Modeling) __ Conversation

Were data collection forms collected? Yes No

Were data collection forms discussed and or modeled? Yes No

# APPENDIX K

# Toddler Environment Rating Scale-General

(9/4/97)

## Purpose of the Scale

The Toddler Environment Rating Scale was developed to be used to rate the quality of a variety of natural environments for toddlers. A natural environment is any environment in which children are typically found including schools, day care centers, playgrounds, and community programs. Many different types of programs are available for toddlers including music and movement programs, library story hour programs, art programs, swimming programs, and ice skating programs. These programs are community-based, are available and accessible to families, and provide opportunities to promote children's development and learning. The format of this scale as well as some of the items were adapted from the Infant Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford, 1990) and will be used to measure quality in a wide variety of natural environments (activity programs) for toddlers which are generally short in duration (1-2 hours long) and may be focused on a specific activity or skill such as motor development (gymnastics, "gymboree", toddler swimming etc.), library story hour, music programs or art programs.

## Use of the Scale

The Toddler Environment Rating Scale-General was created specifically for use in a research project that will examine the effectiveness of a social competence curriculum for toddlers with disabilities and delays in social development. An aspect of this study involves rating the quality of programs in which participating children are enrolled. For the purposes of the study, the scale will be used in situations in which the child's inclusive group setting is not a typical day care or nursery school program, but is, rather, a program that is short in duration, is focused on a specific activity or skill, or is otherwise not suitable to be measured using the Infant Toddler Environment Rating Scale (Harms, Cryer, & Clifford, 1990). It can be used in other research projects which require a measure of quality of natural environments for toddlers and may also be used by programs as a self-evaluation tool.

## Development of the Scale

As noted, the over all format for the scale was adapted from the Infant Toddler Environment Rating Scale (Harms, Cryer, & Clifford, 1990). This scale was used to generate an initial set of quality areas. In addition, observations of several different types of toddler programs were conducted to informally assess the validity of the categories retained from the Harms, et al. scale and to generate additional quality areas that are applicable. The types of programs that were observed are described below.

## Play Groups

Three different play groups were observed. Play groups are programs in which mothers and their children meet on a weekly or bi-weekly basis to provide opportunities for the children to interact with each other. Two of the play groups were housed in community facilities: one was housed in a high school gymnasium and the other in a basement room of a church. The third play group was conducted at a family's home. This play group convenes at a different family's home each week.

The format of these programs was relatively unstructured. One of the programs was a community program that was facilitated by an early childhood special educator. This program provided little structure to the children's activities and play was facilitated by the educator and the parents in attendance. The other two groups contained groups of mothers and did not employ an early childhood educator or facilitator. One of the mothers was responsible for setting out toys for the children. When all had arrived, the children were given the opportunity to play with the toys as they desired. The mothers generally facilitated children's play (including that of the children who were not their own) and talked amongst themselves about a variety of topics including toilet training, child behavior, and careers/work. The toys that were provided at the various play groups were age appropriate and developmentally appropriate. Some examples are: push toys, small riding toys, a wooden "cobbler's bench" with a small hammer, a race track with cars, pop-up toys, pretend play equipment, gross motor equipment such as a balance beam and a trampoline, and a doll house. In two of the play groups, mothers provided snacks, drinks and diapering supplies for their own children. In the third play group, the "hosting" mother provided snacks and drinks for the children and adults. Each mother provided diapering supplies for her child.

### Toddler Swimming Program

One toddler swimming program was observed. It was housed in a YMCA facility and was conducted in the adult-size swimming pool. Only those participating in the program were in the pool at that time. It consisted of 7 children and their parent/caregivers, a program facilitator, and a life guard. The children wore flotation devices and were held by their parents or caregivers while in the pool. The program facilitator led various songs and activities while the parents and caregivers encouraged the children to participate in the songs by physically prompting them and helping them perform arm motions. A brief period for free play with a variety of floating toys (plastic boats, a ball, plastic ducks, pop beads, and other small plastic toys) was provided. The children were held by their parents and caregivers during this time and were encouraged to play with the toys, At the end of the program, a brief circle time took place in which the children and their parents/caregivers sang a good-bye song. The goals of the program are to help children become comfortable in the water and to have fun in order to establish a basis for the development of basic swimming skills such as floating, putting one's face in the water, and blowing bubbles. It is also meant to provide parents of young children with an opportunity to meet other parents and to enjoy an activity with their children. There is a focus on encouraging parent child interaction and "bonding". A locker room is provided for the families and health and safety information is distributed to the parents/caregivers prior to the child's participation in the program. The program facilitator reported that she holds a masters degree in special education and music therapy.

### Toddler Singing/Music Class

One singing class was observed. It was housed in a new YMCA building which serves a number of children of different ages. Many other programs are housed in this facility including preschool, day care, and arts and crafts. This class consisted of children who were between three and four years of age. Eight children attended the program which was facilitated by one adult. The music portion of the program consisted of audio-taped songs that were led by the adult. The adult encouraged the children to sing and perform various movements (clapping, stomping, make a circle, etc.) that corresponded with the song. She also gave the children props to use while singing (batons to wave, chairs to make a train). The schedule consists of snack, music, and free play with a variety of toys inside and/or outside. Toys available for free play included: large motor equipment, books, stuffed toys, a small pretend play area (play stove and stroller), a desk with magnetic letters, and push toys.

## Observations

Observations of the various programs consisted of using the scale in its initial form to assess its utility, and to note other categories that could be added. Play group observations were approximately 1.5 to 2 hours in duration. During this time, the observer noted various aspects of the program including the facilities, materials and equipment, social interactions between the adults and the children and the interactions among the children, the safety of the facility, and any other program aspects that appeared to be unique to toddler recreation programs that are not typical child care or nursery school programs. Aspects unique to toddler recreation programs include staff qualifications (whether the staff has experience in working with toddlers), facilities (whether the facilities have been adapted for use by toddlers because many programs are housed in spaces that were not meant to be used by young children or are used for other purposes when the toddler program is not in session), verbal involvement (whether adults who work with the children are skilled at communicating with young children), and opportunities for learning (whether the program provides learning experiences for the children through the use of teaching strategies).

## Rationale for Inclusion of Categories

### Materials and Equipment

The materials and equipment that are available to children in toddler and early childhood programs are important in that they encourage and guide children's involvement in activities. For example, a play group that provides mostly large motor toys such as push toys and riding toys will likely encourage active play while a play group that provides mostly fine motor materials such as small blocks, play dough, and peg boards will encourage focused, quiet play. Another important aspect of materials and equipment for the purposes of rating quality is the amount of materials available for the size of the group. It is necessary to have an adequate supply of materials and equipment to maximize children's involvement in activities and to minimize conflicts over sharing materials. Materials should also be suited to the ages and developmental levels of the children in the program.

## Adult-child Interaction

The quality of the interactions between adults and children in toddler programs is also important. Adult-child interaction that is warm and nurturing provides toddlers with the feeling of security they need to explore the play environment. Adults who work with young children should be warm and nurturing in their interactions with them including showing affection, interacting frequently with children rather than focusing on other tasks or activities, and being sensitive to differences in children's preferences for social interaction.

## Peer Interaction

An important task of early childhood is to develop social competence or the ability to interact with other children and to make friends. In fact, the purpose of one of the types of programs (play groups) that will be rated using this scale is to give children an opportunity to play together and to interact. It is important, then, that any program that serves toddlers provide children with opportunities for social interaction. In addition, young children often need assistance in initiating play with other children and in resolving conflicts with peers. In order for a program to receive high quality ratings in this category, adults in toddler programs should be skilled at facilitating social interaction among children by modeling positive social interaction, reinforcing positive social interaction. These strategies may help children gain interaction competence.

## Supervision of Activities

Supervision of children's activities is important to maintaining children's safety as well as increasing children's learning opportunities within the program. Adults who work with toddlers should be observing children's activities and interactions frequently in order to be aware of safety issues, conflicts among the children, and to take advantage of opportunities to facilitate children's learning and social interaction.

## Behavior Management

It is appropriate to adopt non-punitive behavior management techniques in working with young children. This includes explaining rules clearly to children, not using physical punishment of any kind, and praising children for appropriate behavior. Children are helped to learn many things when behavior management is of high quality including following rules and social behavior such as sharing and conflict resolution.

## Safety

Another area in which it is important to ascertain quality is the over all safety of the program. Meeting basic safety requirements and the absence of safety problems in the program facility allows adults to focus on providing quality play and learning experiences rather than constantly monitoring children's safety. In addition, programs that emphasize the teaching of safety rules to children and practicing safety drills (evacuation routes for fire drills) can use these safety practices to provide additional learning experiences for children.

## Provisions for Children with Special Needs

Because this scale is meant to measure the quality of natural environments for toddlers, there is the expectation that the program is an inclusive program in that children who have special needs participate in the program along with children who are developing typically. The most important construct for measuring quality in programs for children with special needs is adaptation. The program facilitator must be skilled at adapting the physical environment, schedule, and activities to meet the needs of the child who has a disability or other special need. In order to receive the highest quality ratings, the adult must communicate effectively with the child's family, and apply programs and activities developed by the child's early intervention team within the context of the program activities.

## Facilities

This category is similar in content to the Materials and Equipment category. However, this category focuses on the space in which the program is housed. An important indicator of quality facilities for toddlers is that the facility has been adapted to meet the needs and capabilities of toddlers. Arrangement of furniture, displays, and other aspects of the facility receive high ratings if they have been adapted for use by toddlers. It has been noted that the child's physical environment can greatly impact children's behavior. A space or facility that is arranged and adapted to meet the needs of toddlers will facilitate their involvement in activities and routines. A space that has not been adapted for toddlers may encourage undesirable behavior or may inhibit focused involvement with toys and people.

### Provisions for Parents

It is important that the child's family have adequate information about the goals ,structure, and policies of the program. This gives families information about what they can expect from the program and to decide whether the goals and policies are suitable for their child. In order to receive high quality ratings in this area, the program must present parents with a detailed handbook or information packet that outlines the goals for the program, informs parents of the children's progress and involvement, and provide opportunities for parent involvement. According to the concept of family centered care which is an operating concept for early intervention service providers and early childhood educators, the family should be recognized as being the expert on the child. Therefore, parent communication and involvement is essential to a high quality toddler program.

## Program Structure

Program structure refers to the way in which the program is organized. Organization refers to the developmental appropriateness of the activities and the flexibility of the schedule. In order to receive high ratings, the program should focus on children's individual needs and interests and activities should be planned to match children's interests when appropriate. Also , the schedule must be appropriate for toddlers and flexible enough to meet the needs of toddlers.

## Staff Qualifications

An important construct for the qualifications of the staff is that they have experience working with young children (especially toddlers) and that they have some training in early childhood education. A program in which the facilitator has much experience running a particular type of program may not have a great deal of experience working with toddlers and may therefore plan activities that are not age appropriate or developmentally appropriate. This individual may also have unrealistic expectations for children's behavior. It is important to high quality programs that the program staff has an understanding of the development and behavior of toddlers. so that the activities, schedule, materials, and expectations for behavior are developmentally appropriate for toddlers.

### Verbal Involvement

The Verbal Involvement category pertains mainly to communication between adults and children and addresses whether the adults are skilled at encouraging children's communication. A child's ability to communicate his/her wants and needs, understand directions, and follow the routine is essential to the child's involvement in a particular toddler program. The effective use of verbal praise indicates high quality because it illustrates the adult's knowledge of teaching strategies that are known to be effective with young children.

### Opportunities for Learning

Opportunities for learning within a particular toddler program can be maximized if the facilitator is a skilled observer of children's behavior and interests. Maximizing learning opportunities requires a knowledge of a variety of teaching strategies and how and when to apply them. In order to receive the highest quality ratings, the staff will have prepared specific learning goals for each child (formal or informal) and provided learning experiences that may promote children's achievement of such goals.

### Diversity Awareness

Many programs for toddlers serve children from a variety of ethnic and racial backgrounds as well as children who may have disabilities and special needs. A high quality toddler program will recognize the diversity within the group of children and will welcome the opportunity to talk with children about differences and similarities among people. This category reflects a change in focus from the Harms et al. scale. The Harms scale bases quality ratings mainly on materials and pictures that may or may not be multicultural in scope. The focus on materials and pictures undoubtedly reflects the type of multicultural provisions that were observed when the scale was developed. This scale focuses, however, on behaviors and communication about diversity among people. In addition, the focus is not simply on ethnic and cultural diversity but also on differences in abilities and strengths. A toddler program with a high ratings in diversity awareness would encourage open discussion of children's comments and questions regarding people who differ in abilities, appearance, or racial background. In addition, the staff will have demonstrated a commitment to honoring and celebrating diversity by attending a workshop or meeting on diversity or has read literature on multicultural education for young children.

## Basic Care

In order for children to be able to participate in learning and play activities, their basic needs must be met. This includes their needs for food, drink, rest, use of bathroom facilities, and personal cleanliness. A high quality program for toddlers, regardless of the type of program it is, must recognize that toddlers are best able to participate when the program provides for their physical and basic care needs. Toddlers are less able than older children and adults to wait for food, drinks, or bathroom facilities. Children should not be expected to wait for long periods of time. Basic care practices of high quality incorporate learning into basic care routines and these routines are used by adults as a time to relate warmly to children.

## General Quality Areas of Natural Environments for Toddlers

The following quality areas will be used to measure the quality of natural environments in the Social Competence Curriculum Project that are not typical day care or nursery school programs (some have been extracted from the Harms et al. scale):

- Materials and Equipment
- Adult-Child Interaction
- Peer Interaction
- Supervision of Activities
- Discipline/Behavior Management
- Safety
- Provisions for Children with Special Needs and Disabilities
- Facilities
- Provisions for Parents
- Program Structure
- Staff Qualifications
- Verbal Involvement
- Opportunities for Learning
- Diversity Awareness
- Basic Care

Each of the areas above will be measured on a 7- point scale with descriptions of criteria for 1 (inadequate), 3 (minimal), 5 (good), and & (excellent) (Harms, Cryer, & Clifford, 1990). *Inadequate* refers to conditions that do not meet basic requirements, *minimal* refers to conditions that meet basic requirements and may contain additional development enhancing aspects or qualities, *good* refers to conditions that are designed to encourage development, and *excellent* refers to conditions that provide personalized attention or care that is of high quality (Harms, Cryer, & Clifford, 1990). Please see the ITERS manual for additional scoring instructions on using the 7-point scale (p.3).

**Note:** When the program being rated includes parents as active participants (that is, parents attend the program with their children and are involved in participating in activities and facilitating activities), the quality ratings for the program should take into account the parents' contribution to the quality of the program since their active involvement is a component of the program. This note applies especially to the areas of basic care and adult-child interaction.

## 1. Materials and Equipment for Activities

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • Materials and equipment are in poor repair (e.g., toys are broken, books are torn, etc.);<br>• Materials and equipment are not sufficient in amount for the size of the group. | | • Materials and equipment are in good repair; child sized furnishings are used with toddlers.<br>• There are enough materials for children in the group to minimize waiting, disputes over toys, etc. | | • Materials and equipment are appropriate to the ages and developmental levels of the children in the group.<br>• Materials and equipment are arranged to encourage independent use by children. | | • Children are provided with materials and equipment that suit their personal interests where appropriate.<br>• Furnishings (chairs, tables) permit independent use by toddlers. |

## 2. Adult-Child Interaction

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • Little affection is shown.<br>• Uneven amount of attention given to each child-adult shows favoritism.<br>• Physical contact used mainly for carrying out routines or for controlling children's behavior (e.g., picking a child up to stop what he/she is doing.). |  | • Some smiling, talking, and affection shown to all children.<br>• Adult responds sympathetically to child who is hurt or upset.<br>• Children are happy most of the time. |  | • Frequent positive adult-child interaction is observed.<br>• Adult and children are relaxed, voices pleasant, frequent smiling.<br>• Holding, patting and physical warmth shown.<br>• Adult-child interaction is consistent across all adults in the program. |  | • Adult varies interaction style to meet children's individual needs.<br>• Adult is sensitive about children's feelings and reactions.<br>• Group size is small enough to make it possible for the adult to interact with each child. |

## 3. Peer Interactions

| Inadequate | | Minimal | | Good | | Excellent |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Little or no age appropriate peer interaction is possible (children are separated or expected to sit quietly and listen without having an opportunity to interact.)<br>• Little or no adult guidance to ensure positive peer interaction. | | • Children are able to move freely so natural groupings can occur.<br>• Adult usually manages negative social interaction (stops hitting, grabbing). | | • Peer interaction is usually positive.<br>• Adult models positive social interaction. | | • Adult reinforces positive social interaction.<br>• Adult points out and talks about instances of positive social interaction. |

## 4. Supervision of Activities

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • Insufficient adult supervision provided to protect children's health and safety. |  | • Adult is within sight, hearing, and easy reach of children at all times.<br>• Attention is on the children and their activities rather than on routine tasks, other adults, etc. |  | • Adult maintains supervision of the whole group while working with smaller group.<br>• Adult watches carefully and intervenes to avoid conflicts.<br>• Adult plays with children; shows appreciation for what they do.<br>• Adult reacts quickly to solve problems in a comforting and supportive way. |  | • Supervision is provided with each child's developmental or learning needs in mind.<br>• Balance is maintained between the child's needs for independent exploration and adult support. |

## 5. Behavior Management

| Inadequate 1 | 2 | Minimal 3 | 4 | Good 5 | 6 | Excellent 7 |
|---|---|---|---|---|---|---|
| • Discipline is either so strict that children are punished often or so lax that there is no order or control.<br>• Children's behavior is controlled with punitive methods such as shouting, demanding, etc. |  | • Adult usually maintains enough control to prevent children from hurting themselves and others, and getting involved in conflicts.<br>• Adult does not use punitive discipline techniques (physical punishment, belittling or shaming children, shouting, demanding) |  | • Few discipline problems arise because the program is arranged to avoid conflict and encourage age appropriate interaction.<br>• Alternative methods of discipline are used effectively<br>• Expectations are realistic and based on age and ability of the child.<br>• Adult reacts consistently to children's behaviors. |  | • Positive reinforcement is used consistently to promote desired behavior<br>• Adult helps children avoid conflicts to reduce the need to manage children's behavior (e.g., helps children avoid conflicts over toys or materials).<br>• Rules are simple and are explained to toddlers. |

## 6. Safety

| **Inadequate** 1 | 2 | **Minimal** 3 | 4 | **Good** 5 | 6 | **Excellent** 7 |
|---|---|---|---|---|---|---|
| • Safety problems are apparent indoors and/or outdoors.<br>• No written safety procedures.<br>• No written emergency procedures.<br>• No phone or transportation available for emergency use.<br>• No first aid supplies available. |  | • No safety problems indoors or outdoors.<br>• Phone and transportation available for emergency use.<br>• First aid kit available<br>• Staff are trained in basic emergency procedures. |  | • Environment planned to avoid safety problems.<br>• Children are taught safety rules as early as possible.<br>• First aid supplies well-stacked, ready to use.<br>• Emergency numbers posted near the phone.<br>• Evacuation plan is posted and practiced monthly with children |  | • At least one staff person is trained in CPR or First Aid.<br>• Emergency phone numbers for each child are kept by the program director or facilitator. |

## 7. Provisions for Children with Special Needs

| Inadequate |  | Minimal |  | Good |  | Excellent |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • No attention to the special needs of the child.<br>• Only the basic physical needs of the child are met.<br>• Child not included in play activities. |  | • Minor changes made in the schedule, environment, and routines to get through the day.<br>• Child involved in some play activities provided for the other children. |  | • Adult provides activities, adapts schedule to meet the child's special needs.<br>• Adult adapts the physical environment if necessary.<br>• Adult interacts with exceptional child as much as with other children. |  | • Adult follows programs developed by or with trained professional.<br>• Adult uses information from assessment in working with the child.<br>• There is close communication among staff, parents, and other professionals working with the child and the family. |

## 8. Facilities

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • Facility or space used for program is in poor repair (not clean, paint is chipping, furnishings are broken).<br>• No adaptations have been made for use by a toddler program.<br>• Routine care facilities are not available (bathrooms, water fountain). | | • Facility or space is in good repair.<br>• A few adaptations to the facility have been made for use by toddlers (e. g., dividers are used in large open space, small chairs are used for story hour). | | • Facility or space has been adapted with toddlers' needs in mind (toddler-sized furniture is used, displays for children are hung at children's eye level, space is set up so toddlers can move about independently).<br>• Routine care facilities are adapted for use by children. | | • Toddler program has its own designated space (e.g. a room at the YMCA for art class, an area of the pool is roped off).<br>• Each toddler has his/her own space to store belongings or supplies.<br>• Routine care facilities are child sized. |

## 9. Provisions for Parents

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • Parents are not given information about the program, its policies, and it goals.<br>• Parents do not have adequate opportunities to communicate with program staff (e. g., no formal communication no time to ask questions or talk with staff). | | • Parents are given minimal program information that mainly pertains to hours of operation and fees.<br>• Parents have the opportunity to talk with staff about their children's participation and progress when time allows. | | • Parents are given information about the program's policies.<br>• Parents may request a special meeting time to discuss the child's participation and progress. | | • Parents receive a handbook on the policies of the program as well as its goals for children's learning and development.<br>• Parents are given a regular report about their child's progress and participation.<br>• Parents are encouraged to be involved in the program as they desire. |

## 10. Program Structure

| Inadequate 1 | 2 | Minimal 3 | 4 | Good 5 | 6 | Excellent 7 |
|---|---|---|---|---|---|---|
| • Program is structured so that all children practice the same skills regardless of developmental level or interest.<br>• Children's routine needs not met (thirst, toileting, hunger).<br>• Schedule or plan of activities is inflexible or inappropriate for toddlers (too long, no quiet time). |  | • Some attention is paid to children's developmental levels in planning activities.<br>• Program allows for children to have their routine physical needs met.<br>• Schedule or plan of activities is flexible. |  | • Program recognizes that children develop at different rates and structures the activities so that children can participate as they are able.<br>• Schedule or plan of activities is made based on interests and preferences children have demonstrated. |  | • Individual goals are developed for each child based on his/her interests and developmental level.<br>• Activities are planned so that each child has an opportunity to participate his/her preferred activities. |

## 11. Staff Qualifications

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • Staff has little or no experience in working with young children.<br>• Staff has little experience in teaching a program despite having knowledge of the area (swimming teacher who has always served as a life guard, gymboree teacher who has only taught gymnastics to adolescents). |  | • Staff has prior experience working with young children.<br>• Staff has prior teaching experience. |  | • Staff has prior experience in working specifically with toddlers.<br>• One or more of the staff is familiar with the practice of early childhood education or has had some training (attended a workshop, etc.) |  | • Staff has had formal training in working with toddlers (e. g., a course on child development).<br>• At least one staff member has had significant experience working with toddlers. |

## 12. Verbal Involvement

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • Adults do not adjust their verbal interactions to suit toddlers' communication skills.<br>• Very few attempts are made to encourage children's communication.<br>• Verbal praise is not used frequently or contingently. |  | • A few attempts are made to promote children's communication (asking children to indicate a choice, saying hello and good bye, etc.).<br>• Verbal praise is used occasionally. |  | • Adults are skilled at giving clear directions to toddlers.<br>• Adults actively facilitate children's communication<br>• Verbal praise statements are varied ("Good job", "You're a good singer", You cleaned up so quickly"). |  | • Adults adjust their verbal interactions to meet individual children's needs.<br>• Adults work on specific communication skills that are important for individual children.<br>• Verbal praise is used consistently to help children acquire skills and behaviors. |

# 13. Opportunities for Learning

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • Program has little planning or organization.<br>• Few teaching strategies are being used.<br>• Adults mainly focus on and interact with each other rather than facilitating children's participation. | | • Program is organized with toddlers' needs in mind.<br>• Program is arranged to provide learning experiences for children (materials are rotated periodically, different types of activities are offered).<br>• Staff uses a few teaching strategies while facilitating children's participation. | | • Program has clear goals for toddlers' development.<br>• Program is arranged to provide many learning experiences which support the goals of the program.<br>• Teaching strategies are used consistently to help children acquire skills and behaviors. | | • Individual goals have been developed for children.<br>• Staff provides specific learning experiences for achieving individual children's goals.<br>• Staff makes use of teaching strategies that are known to be effective for each individual child. |

## 14. Diversity Awareness

| Inadequate<br>1 | 2 | Minimal<br>3 | 4 | Good<br>5 | 6 | Excellent<br>7 |
|---|---|---|---|---|---|---|
| • All materials such as books, pictures, and displays are of one race only.<br>• Adult responds or interacts insensitively with children who are "different" from most of the other children in terms of race, ability etc. |  | • Some evidence of ethnic and racial variety in books and pictures (e.g., a few books depicting different races).<br>• Some evidence of ethnic and racial variety in toys. |  | • Adult handles racial/cultural/ difference issues sensitively (Responds matter-of-factly to children's questions, discusses similarities and differences among children).<br>• Boys and girls encouraged to choose activities without being limited to traditional roles. |  | • Adult seeks opportunities to initiate discussions about differences and similarities among people.<br>• Adult has participated in workshop or discussion on multicultural education, has read books on multicultural education for young children. |

## 15. Basic Care

| Inadequate 1 | 2 | Minimal 3 | 4 | Good 5 | 6 | Excellent 7 |
|---|---|---|---|---|---|---|
| • Children do not receive adequate basic care (hands not washed after messy activity or snack, no bathroom or changing facilities).<br>• Same towel or washcloth used for different children. |  | • Children's basic physical needs are met.<br>• Children have their own personal care supplies such as their own towels for swimming, hand washing, etc.<br>• Smocks used for messy play and art activities. |  | • Self-help is encouraged in basic care routines.<br>• Basic care routines made more acceptable to children. |  | • Basic care routines used as learning experience (Ex. Learning names for body parts, clothing, looking in mirror, self-concept).<br>• Basic care routines are used by adults as a time to relate warmly to children. |

## Toddler Environment Rating Scale-General

Child's Name:________________ Date:________ Name of Rater:________________

Most children attending at one time:________ Number of children today:________ Ages of children:______ to____

Name of Lead Caregiver/Program Facilitator:____________ Number of Caregivers Present:____________

1.
Materials and Equipment

1 2 3 4 5 6 7

2.
Adult-Child Interaction

1 2 3 4 5 6 7

3.
Peer Interaction

1 2 3 4 5 6 7

4.
Supervision of Activities

1 2 3 4 5 6 7

5.
Discipline/Behavior Management

1 2 3 4 5 6 7

6.
Safety

1 2 3 4 5 6 7

7.
Provisions for children with special needs and disabilities

1 2 3 4 5 6 7

8.
Facilities

1 2 3 4 5 6 7

9.
Provisions for Parents

1 2 3 4 5 6 7

10.
Program Structure

1 2 3 4 5 6 7

11.
Staff Qualifications

1 2 3 4 5 6 7

12.
Vervbal Involvement

1 2 3 4 5 6 7

13.
Opportunities for Learning

1 2 3 4 5 6 7

14.
Diversity Awareness

1 2 3 4 5 6 7

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15.
Basic Care

1 2 3 4 5 6 7

Scores

Total score

Number of items scored

**Average Score**

Comments

# APPENDIX L

# Activity Reliability

**Trial #:** All Real Reliability

**Date:** 01/10/02

| Measure | Valid N | % Agree | Kappa | Inter-rater Correlation |
|---|---|---|---|---|
| **Activities** | | | | |
| child's activity | 474 | 96.0 | .945 | |
| therapy activity | 282 | 59.2 | - | |
| classroom activity | 474 | 99.1 | - | |
| **Appropriateness** | | | | |
| age | 474 | 96.2 | .317 | |
| developmental | 474 | 96.4 | .102 | |
| appropriately engaged | 474 | 94.5 | .711 | |
| **Number of Persons** | | | | |
| # of children present | 474 | 90.3 | | .972 |
| # of adults present | 473 | 92.9 | | .969 |
| **Adult Involvement** | | | | |
| involved yes/no | 474 | 92.2 | 852 | |
| # of adults identified | 476 | 87.8 | .788 | |
| who identified (all 4 agree) | 476 | 86.3 | | |
| who identified (each) | 579 | 85.7 | - | |
| role (matched persons) | 256 | 84.0 | .745 | |
| role - monitoring present | 476 | 89.7 | .523 | |
| role - support present | 476 | 91.0 | .699 | |
| role adult direction present | 476 | 91.8 | .789 | |

## Battelle Reliability

**Trial #:** All Real Reliability

**Date:** 01/10/02

| Measure | Valid N | % Agree | Kappa |
|---|---|---|---|
| **All Decisions** | 3208 | 91.68 | .858 |
| **Domain** | | | |
| Personal Social | 955 | 89.84 | .833 |
| Adaptive | 604 | 92.38 | .873 |
| Motor | 740 | 92.43 | .862 |
| Communication | 447 | 91.05 | .850 |
| Cognitive | 462 | 93.94 | .890 |

## Environmental Rating Scales Reliability

**Trial #** All Real Reliability

**Date:** 01/10/02

| | SCORING | | | | RATING vs NOT APPLICABLE | | |
|---|---|---|---|---|---|---|---|
| **Measure** | **Valid N** | **% Agree** | **%Agree (within one)** | **Kappa** | **Valid N** | **% Agree (within one)** | **Kappa** |
| **All Instruments** | 1127 | 61.14 | 89.71 | .530 | 1225 | 96.65 | .719 |
| **ITERS** | 348 | 54.60 | 85.34 | .454 | 350 | 100.00 | 1.00 |
| **Family Day Care** | 390 | 61.79 | 90.26 | .542 | 430 | 99.30 | .957 |
| **Adapted ITERS** | 69 | 47.83 | 86.96 | - | 75 | 97.33 | .786 |
| **ECERS** | 320 | 70.31 | 94.38 | .623 | 370 | 90.27 | .402 |

# ISB Reliability

**Trial #:** All Real Reliability

**Date:** 01/10/02

| Measure | valid n | % agree | Kappa |
|---|---|---|---|
| **For all records, is it codeable?** | 5587 | 100.0 | .998 |
| **For all codeable records** | | | |
| what is classroom activity? | 5302 | 99.0 | .972 |
| are there peers available? | 5302 | 94.7 | .881 |
| are there adults available | 5302 | 95.5 | .891 |
| **Is any social behavior coded?** | 5302 | 96.2 | .842 |
| **When agree there was a social behavior** | | | |
| which behavior occurred? | 614 | 98.6 | - |
| with whom | 538 | 99.7 | .948 |
| **When agree non social** | | | |
| which occurred? | 4488 | 86.4 | .782 |
| **Supplementary Coding (code only when agree on behavior and each coding is appropriate)** | | | |
| adult facilitation | 72 | 98.7 | 1.00 |
| initiation | 160 | 99.7 | .746 |
| **Supplementary Coding for success (like above but with extra step)** | | | |
| is success (outcome) codeable | 150 | 99.9 | .813 |
| **if codeable, successful or unsuccessful** | 140 | 99.9 | .878 |

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# POS Reliability Results

Trial # All Real Reliability

Date: 01/10/02

| MEASURE | Valid n | % Agree | Kappa |
|---|---|---|---|
| Is it codable? | **7393** | **97.0** | **.604** |
| Is it play? | **2859** | **97.0** | **.939** |
| Who is with the child? | **2907** | **94.6** | **.903** |
| What is the classroom activity? | **2907** | **99.3** | **-** |
| Are there peers available for play? | **2855** | **91.6** | **.869** |
| If play, what kind of play? | **1131** | **96.4** | **.940** |
| If play, congnitive level of play? | **1132** | **99.7** | **.977** |
| If nonplay, type of non-play | **1631** | **88.7** | **.817** |

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